LOYOLA UNIVERSITY OF CHICAGO

ACCOUNTING UNIT SIGNATURE AUTHORIZATION

AUTHORIZATION TYPE: Replacement Card ☐ Addendum ☐

GLOBAL AUTHORITY: (check all that apply) Operating Account ☐ Sponsored Program Account ☒ Capital Account ☐ Not Applicable ☐

DEPARTMENT NUMBER 0000 **DEPARTMENT DESCRIPTION** SCHOOL OF LEARNING

ACCOUNTING UNIT/ACTIVITY 5XXXXX **EFFECTIVE DATE** 01/01/2000

DESCRIPTION/FUNDING AGENCY SAMPLE GRANT STUDY 1234 **END DATE** (IF APPLICABLE) 12/31/2040

	(print)	(signature)	(date)	For Finance Use Only (employee ID)
BUDGET ADMINISTRATOR/ PRINCIPAL INVESTIGATOR*	Jane Smith	Jane Smith	7/10/18	
ALTERNATE SIGNATURE 1	Bob Garcia	Bob Garcia	7/10/18	(employee ID)
ALTERNATE SIGNATURE 2	Sally Cho	Sally Cho	7-10-18	(employee ID)
ALTERNATE SIGNATURE 3				(employee ID)
ALTERNATE SIGNATURE 4				(employee ID)
ALTERNATE SIGNATURE 5				(employee ID)

* *As the Principal Investigator of this grant or contract, I acknowledge that I bear the prime responsibility for the fiscal management of this project. A monthly review of expenditures will be conducted to ensure accuracy and appropriateness of the charges on this accounting unit. Any costs assigned to this accounting unit are allowable, allocable and reasonable costs of the project. Any costs that do not meet these criteria will be removed from the sponsored program in a prompt and timely manner.*

Jane Smith (PI Signature)

7/10/2018 (Date)