

LOYOLA UNIVERSITY OF CHICAGO

ACCOUNTING UNIT SIGNATURE AUTHORIZATION

AUTHORIZATION TYPE: Replacement Card Addendum

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

DEPARTMENT NUMBER _____ **DEPARTMENT DESCRIPTION** _____

ACCOUNTING UNIT/ACTIVITY _____ **EFFECTIVE DATE** _____

DESCRIPTION/FUNDING AGENCY _____ **END DATE (IF APPLICABLE)** _____

**BUDGET ADMINISTRATOR/
PRINCIPAL INVESTIGATOR***

_____ (print) _____ (signature) _____ (date)

ALTERNATE SIGNATURE 1

_____ (print) _____ (signature) _____ (date)

ALTERNATE SIGNATURE 2

_____ (print) _____ (signature) _____ (date)

ALTERNATE SIGNATURE 3

_____ (print) _____ (signature) _____ (date)

ALTERNATE SIGNATURE 4

_____ (print) _____ (signature) _____ (date)

ALTERNATE SIGNATURE 5

_____ (print) _____ (signature) _____ (date)

For Finance Use Only

(employee ID)
(employee ID)
(employee ID)
(employee ID)
(employee ID)
(employee ID)
(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.*

(PI Signature)

(Date)