



MedStore Purchase of Restricted Substances,
Delegation of Signing Authority Form

Name of Principal Investigator

Functional Title of Principal Investigator

Name of Institution and Department

Building Name and Room Number(s)

I hereby formally delegate signing authority to the following individual(s) for the purpose of purchasing restricted substances from *MedStore*:

Name of Delegate	Employee ID#	Signature of Delegate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Completed forms can be faxed to 416-978-1142, emailed to info@uoftmedstore.com, or dropped off in person.

Please note this form will expire 12 months after the date of submission.

Date of Submission

Signature of Principal Investigator
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Thank you.