UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

MedStore Purchase of Restricted Substances, Delegation of Signing Authority Form

_____ _____

Name of Principal Investigator **Functional Title of Principal Investigator**

_____ _____

Name of Institution and/or Department **Building Name and Room Number(s)**

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

Name of Delegate	**Employee ID**	**Signature of Delegate**

Fiscal Year	**Signature of Principal Investigator**

Please note this form is valid only for the fiscal year indicated above.

MEDSTORE
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