



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.