

**PRE- PURCHASING SYSTEM & DELEGATION OF APPROVAL
AUTHORITY REQUEST FORM**

This form is used by authorizing individuals to request access to the online pre-purchasing system and to delegate approval authority for specified accounts. When an individual's authorized status ends, the authorizing individual is responsible for cancelling the status by notifying their account manager.

PRINCIPAL INVESTIGATOR (authorizing individual)

Last Name: _____ First Name: _____

REQUESTED USER ACCESS (to be filled in by PI)

Last Name: _____ First Name: _____

UCD Email Address: _____

ONLINE PRE-PURCHASING SYSTEM ACCESS ONLY

By checking here I authorize that this individual should be given access to log on to the pre-purchasing system and submit purchase orders for review and approval by authorized individuals (PI and account manager) before processing.

PURCHASE APPROVAL AUTHORITY

By checking here I authorize that this individual should be given access to log on to the pre-purchasing system, submit purchase orders, AND approve use of funds for orders without review or approval by me as the PI before processing (note that an account manager will still review all purchase requests before processing occurs). Below are the restrictions I authorize for this user's approval authority:

AMOUNT LIMIT

Check the box next to the limit per order you authorize this user to have approval authority for:

- | | |
|--|---|
| <input type="checkbox"/> up to \$100 | <input type="checkbox"/> up to \$3,000 |
| <input type="checkbox"/> up to \$500 | <input type="checkbox"/> up to \$4,000 |
| <input type="checkbox"/> up to \$1,000 | <input type="checkbox"/> up to \$5,000 |
| <input type="checkbox"/> up to \$2,000 | <input type="checkbox"/> Enter other up to amount: \$ _____ |

ACCOUNT RESTRICTIONS

Enter the specific account numbers you authorize this user to have approval authority on or check box next to "All accounts" to authorize approval authority for this user on all of the accounts you are PI for:

- All accounts
 Below accounts only:

By signing below I approve the delegation of authority specified for the above individual. I understand that when an individual's authorized status ends, it is my responsibility to cancel the status by notifying my account manager. I understand that the authority delegated here does not impact other financial review responsibilities of the PI such as ledger review.

PRINCIPAL INVESTIGATOR SIGNATURE

DATE

By signing below I affirm that I understand and agree to follow all policies, rules, regulations, laws, and restrictions (see UCD P&PM 330 <http://manuals.ucdavis.edu/PPM/contents.htm#330>) related to the access and authority I have been delegated on this form.

USER SIGNATURE

DATE