

ch Allowances must be signed by the Awardee. Only
computerized print out TAF with signatures will be processed. Rubber stamped signatures are not permitted.

Note: This does not include the authority to confirm relevance of travel to the research project being charged for travel expenses or initiate or approve requests for travel expense transfers between authorized projects. All travel expense related transactions can only be approved by the Project Holder and therefore, cannot be delegated.

This form can be completed at the initial start of a

TEAM AUTHORIZATION FORM (TAF)

PROJECT MAINTENANCE
Financial Reporting
2500 University Drive NW
Calgary, AB, T2N 1N4
Questions:
(j v v @ucalgary.ca
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STUDENT RESEARCH ALLOWANCES

Team Authorization Form (TAF) must be signed and submitted

(j v v @ucalgary.ca or
Project Maintenance, Financial Reporting

ALTERNATIVELY

PROJECT HOLDERS may delegate access online through the Portal of P O E C

1. STUDENT AWARDEE INFORMATION

UCID:	<input type="text"/>	Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Phone:	<input type="text"/>
Department:	<input type="text"/>			Email:	<input type="text"/>		

2. TEAM MEMBER INFORMATION

UCID:	<input type="text"/>	Last Name:	<input type="text"/>	First Name:	<input type="text"/>	Phone:	<input type="text"/>
Department:	<input type="text"/>			Email:	<input type="text"/>		

I hereby take responsibility for the assigned authority of the below named Project(s) per applicable authority and limits. I have KNOWLEDGE of the GRANTING AGENCY REGULATIONS and/ or TERMS OF THE CONTRACT AGREEMENT and have been advised of the APPROVED BUDGET, the terms of reference and the general policies and procedures of the University of Calgary. I am aware of the accountabilities associated with the Project(s), and agree to administer the below named Project(s) on behalf of the Awardee.

Team Member's Signature

Team Member Signed Date (MM/DD/YYYY)

3. COMPLETE OR TEAM MEMBER AUTHORIZATION (Please see instructions page)

a) eFIN VIEWING AUTHORIZATION

Project#:	<input type="text"/>	Action:	<input type="text"/>	Specific Activity:	<input type="text"/>	Level of Access:	<input type="text"/>
Project#:	<input type="text"/>	Action:	<input type="text"/>	Specific Activity:	<input type="text"/>	Level of Access:	<input type="text"/>

b) FINANCE AND SUPPLY CHAIN MANAGEMENT (FSCM) DELEGATION

Project#:	<input type="text"/>	Action:	<input type="text"/>	<input type="checkbox"/>	Select YES if Awardee would like to retain the ability to view and approve transactions in addition to the above named delegate.
Project#:	<input type="text"/>	Action:	<input type="text"/>	<input type="checkbox"/>	

I have provided all of the Project details to the Team specified on this form, and I understand that this does not relinquish my accountabilities associated with the Project(s) named above. As a result, I agree to retain the ability to view and approve transactions for FSCM and HCM in addition to the named delegate.

Awardee's Signature

Awardee Signed Date (MM/DD/YYYY)

Processed by: _____

Date: _____