



**AUTHORIZATION TO PREPARE AND SUBMIT  
ELECTRONIC COST TRANSFER AUTHORIZATION FORM**

**INSTRUCTIONS:** This form is used to indicate delegation of approval authority to prepare and submit cost transfers for projects managed by the Department/Units identified. In recognition of the fact that most entries made by the Electronic Cost Transfer System are not subject to the subsequent review and/or approval of other Institute officers, it is important that authorized users have full knowledge of Institute operating procedures. In addition, it is understood that any subsequent procedure problems that are discovered or costs that might be subsequently rejected by a sponsor that were derived from actions authorized by this individual, will be charged back to the unit in the fiscal year that the determination is made.

**ACTION:**

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> Approve authorization to use ECT System | Effective Date: _____ |
| <input type="checkbox"/> Delete authorization to use ECT System  | Effective Date: _____ |

**NAME OF AUTHORIZED EMPLOYEE:**

_____	_____	_____
Last	First	M.I.
_____	_____	_____
Title	Department	Operator ID

**ACKNOWLEDGEMENT OF EMPLOYEE RESPONSIBILITIES**

By accepting this authorization, I will:

1. Complete required Electronic Cost Transfer System training programs and examinations.
2. Utilize the Electronic Cost Transfer System in accordance with Institute financial policies.
3. Prepare and maintain required current and prior year Electronic Cost Transfer System files and records according to instructions.

I understand that instances of non-compliance with these procedures may mandate additional training and/or revocation of this authorization.

**ACCEPTANCE BY EMPLOYEE:**

_____	_____	_____
Signature	Title	Date

**AUTHORIZATION INFORMATION:**

**Department Name:** \_\_\_\_\_ **Department No.** \_\_\_\_\_

If authorization covers more than one Dept ID Number, please list them here: \_\_\_\_\_

**VICE PRESIDENT, DEAN, CHAIR, DIRECTOR, OR DEPARTMENT HEAD'S APPROVAL:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_