

Chemistry Stores

Annual Account Authorization Form

Department of Chemistry, University of Saskatchewan, 110 Science Place, Saskatoon SK S7N 5C9
Tel. (306) 966-4674; FAX (306) 966-4730; EMAIL: chemistry.stores@usask.ca

Fund Financial Manager:

Last Name: _____ First Name: _____ Phone: _____

Department: _____ Address: _____ Email: _____

I authorize the following personnel to purchase stock items and procure custom glassware/glassware repairs from the Chemistry Stores on the funds for which I am the Financial Manager as specified below:

Last Name: _____ First Name: _____ NSID: _____ Phone: _____

Graduate Student Technician PDF OTHER (specify) _____

CFOAPAL: _____ - _____ - 70002 - _____ - _____
(Fund) (Organization) (Account) (Program) (Activity)

Is this a Tri-Council Fund: YES / NO (Check one); Fund End Date: _____

I understand that it is my responsibility to update this listing for any reason (termination of personnel, fund end date change, etc.), and that the form requires annual renewal as it **automatically expires on March 31st**.

I can expect to receive a detailed monthly statement of charges made by the Chemistry Stores to my funds approximately 5 business days after the end of each month. I will notify the Chemistry Stores if I believe there are any errors on these statements and will expect them to be corrected by the end of the following month. Any desired movement of charges (e.g. journal voucher) between my funds after billing that are not errors made by the Chemistry Stores will be my responsibility to move and not that of the Chemistry Stores.

By signing this authorization form, I declare that I agree to be charged for the consumption of goods, and the manufacture or repair of custom glassware from the Chemistry Stores for the duration of this agreement on a timely basis.

Where applicable, I am attesting to the eligibility of these goods under the GRANTING AGENCY REGULATIONS and/or TERMS OF THE CONTRACT AGREEMENT and the general policies of the University.

For items charged to a research project, I further confirm that these items are not related to teaching activities and will be used solely for the purpose of research and activities directly related to the research projects to which these purchases are being charged.

Fund Financial Manager Signature: _____ Date: _____

Affirmation of Personnel Accepting Signing Authority for Chemistry Stores purchases:

I declare that all purchases which I make at the Chemistry Stores on behalf of the Fund Financial Manager are for use by him/her in pursuit of their research, scholarly, or teaching work.

Signature: _____ Date: _____

Return completed form to Chemistry Stores (G46 Thorvaldson). Please allow 24 hours for processing.