

**THE UNIVERSITY OF OKLAHOMA**  
**NORMAN CAMPUS**  
**SIGNATURE AUTHORIZATION**  
**OR CHANGE TO EXISTING DEPARTMENT NUMBER**

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Dept number assigned by Financial Support Services:

Check Here if Change in Sponsorship Only

☐

**Sponsor and Co-Sponsor Signatures**

*As Sponsor of this department, I will be responsible for authorization of expenditures and regular review and reconciliation of account records prepared by Financial Support Services, and for reimbursement of all unauthorized overdrafts. I also understand that I am responsible for providing information for tax reporting and/or reporting information directly to tax authorities for sales tax, unrelated business income tax, and other taxes as required by State and Federal law. Questions regarding tax reporting should be directed to Financial Support Services.*

\_\_\_\_\_  
Signature of Sponsor (must be a full-time faculty or staff member)

\_\_\_\_\_  
Title of Sponsor

\_\_\_\_\_  
EMPLID of Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Sponsor

\_\_\_\_\_  
Title of Co-Sponsor

\_\_\_\_\_  
EMPLID of Co-Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Sponsor

\_\_\_\_\_  
Title of Co-Sponsor

\_\_\_\_\_  
EMPLID of Co-Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Sponsor

\_\_\_\_\_  
Title of Co-Sponsor

\_\_\_\_\_  
EMPLID of Co-Sponsor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Sponsor

\_\_\_\_\_  
Title of Co-Sponsor

\_\_\_\_\_  
EMPLID of Co-Sponsor

\_\_\_\_\_  
Date

**If additional co-sponsors are needed, attach another form.**

**Notes:**

It is recommended that at least one co-sponsor be designated so that approvals may be made during the absence of the sponsor.

**PLEASE RETURN THE COMPLETED FORM TO THE OFFICE OF RESEARCH SERVICES (ORS), 3 PARTNERS PLACE, STE 150**  
**THE DEPARTMENT NUMBER WILL NOT BE ACTIVATED UNTIL THIS FORM IS SIGNED AND RETURNED.**