# Saskatchewan Structural Sciences Centre (SSSC)

**Annual Account Authorization Form**

## Saskatchewan Structural Sciences Centre, University of Saskatchewan, 110 Science Place, Saskatoon SK S7N 5C9 Tel. (306) 966-1701; EMAIL: [sssc.admin@usask.ca](mailto:sssc.admin@usask.ca)

**Fund Financial Manager or PI:**

Last Name:

First Name:

Phone:

Department:

Address:

Email:

## I authorize the following personnel to use the SSSC facilities and have their use charged to the fund for which I am the Financial Manager:

Last Name:

First Name:

NSID:

Affiliation:

Last Name:

First Name:

NSID:

Affiliation:

Last Name:

First Name:

NSID:

Affiliation:

Last Name:

First Name:

NSID:

Affiliation:

Last Name:

First Name:

NSID:

Affiliation:

CFOAPAL: - - 70526 - -

(Fund) (Organization) (Account) (Program) (Activity) Is this a Tri-Council Fund: YES / NO (circle one) ; Fund End Date:

I understand that it is my responsibility to update this listing when personnel contracts terminate, additional of new personnel or expiration of funds. This form expires on the fund end date.

At the end of the month, I expect to review, online via evolution, a detailed monthly statement of charges to be made by the SSSC to my funds. Within 5 days, I will notify the SSSC if I believe there are any errors on these statements and will expect them to be corrected within 5 days. By the 15th of each month, I expect to receive a detailed statement with the JV# to which the payment was made. Any desired movement of charges (e.g. journal voucher) between my funds after billing that are not errors made by the SSSC will be my responsibility to move and not that of the SSSC.

By signing this authorization form, I declare that I agree to be charged for the use or consumption of service and goods from the SSSC for the duration of this agreement on a monthly 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:

**------------------------------------------------------------------------------------------------------------------------------------------**

***Return completed form to SSSC.***