**Proof of Authority**

Mr Randy Phalad

Contracts Management

Legal Services

Westville campus

Date: \_\_\_\_\_\_\_\_\_\_

Details of Contract:

(PLEASE BRIEFLY DESCRIBE THE PURPOSE, NATURE AND EXTENT OF THE CONTRACT).

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I am aware of the nature and extent of the Contract. I confirm that all University procedures, regulations and policies (for example, the Procurement Policy, Research Policy etc.) which are applicable to this Contract have been complied with.

I confirm that any funds received and /or paid will be allocated to the cost centre number \_\_\_\_\_\_\_\_\_\_\_ (Specify) and I am satisfied with all obligations imposed in the Contract.

I confirm that where funds need to be paid out, the Cost Centre does contain sufficient funds.

I undertake to take full responsibility for the management of this Contract.

By signing this Proof of Authority, I confirm that I have verified all of the abovementioned statements.

Authorised Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name in full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_