

**SIGNATURE AUTHORIZATION FORM**To: **Sponsored Funds**

From:

\_\_\_\_\_  
Project Director Signature\_\_\_\_\_  
DateSubject: **Signatory Authorization**

Project:

Award:

I hereby authorize the individual (s) shown below to sign the following documents on my behalf:

- \_\_\_\_\_ P & PAF Form
- \_\_\_\_\_ Timesheet & Professional leave record
- \_\_\_\_\_ Invoice for Consultant and Lecturer services
- \_\_\_\_\_ Central Store charge invoice
- \_\_\_\_\_ Science Store charge invoice
- \_\_\_\_\_ University Copy Center charge invoice
- \_\_\_\_\_ Educational Communication charge invoice
- \_\_\_\_\_ Purchase Requisition for supplies and services
- \_\_\_\_\_ Receiving copy of purchase order
- \_\_\_\_\_ Travel expense voucher
- \_\_\_\_\_ Phone purchase orders
- \_\_\_\_\_ Other, Specify \_\_\_\_\_

This authorization is for the period \_\_\_\_\_ to \_\_\_\_\_.

The following individual (s) are authorized per above checklist;

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

Approved Signature: \_\_\_\_\_

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

Approved Signature: \_\_\_\_\_

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

Approved Signature: \_\_\_\_\_