

UNIVERSITY OF AKRON RESEARCH FOUNDATION

SIGNATURE AUTHORIZATION FORM

Project Title	e:			
Project Beg	in Date:	_ Project E	Project End Date:	
Account Number:		_ Account	Account Manager:	
Campus Ad	ddress: bldg.		room #	
Section I:	Authorized Signature(s) for Non-	-Payroll Purc	hases and Expenditures	
Signatu	ıre:		Printed Name:	
Date:		Title:		
Signatu	ıre:		Printed Name:	
Date:		Title: _		
Signatu	ıre:		Printed Name:	
Date:		Title: _		
			h a University account using The University of Akron's signature authorizations for personnel appointments and payroll on this	
Section III:			res for community/public relations exceeding \$199, the signature chool director or dean (director/supervisor) is required.	
Supv. S	Signature:		Printed Name:	
Date:	Title:			
Section IV:	Special Instructions (ex: dual sig	ınatures requ	ired, etc.)	
Section V:	Provide name of person in your of travel reimbursements.	office who wi	Il be a contact for questions concerning payment of invoices or	
Contact	t name:		Campus mail code:	
Title:	Phone number:			

Forward original to the UARF, mail code +2103 (GDYR 312). Retain a copy for your files.