

Agricultural Research Foundation Unit Leader Signature Authorization Form

Unit Leaders Printed Name: _____

Unit: _____

Section 1. In addition to myself, the following person(s) is/are authorized to sign on all ARF accounts affiliated with my unit. Unit professional staff and other faculty may be granted full signing authority.

If no one else is to have authorization, check this box.

Authorized Signer - Print Name	Authorized Signer – Signature	Initials
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Authorized Signer - Print Name	Authorized Signer – Signature	Initials
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Authorized Signer - Print Name	Authorized Signer – Signature	Initials
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Section 2. If authorized by a unit leader, business center staff can sign on behalf of the unit on faculty accounts where the faculty member has already approved an expense. They cannot sign on unit accounts. Business center staff approval only means that the listed account for payment is correct and that funds are currently available to cover the expense.

Authorized Signer - Print Name	Authorized Signer – Signature	Initials
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Authorized Signer - Print Name	Authorized Signer – Signature	Initials
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Section 3: I understand that this signature form will be used to verify signatures for all disbursements from my unit’s ARF accounts. I certify that the signers listed above are authorized to approve fund withdrawals as outlined. Individual PIs to whom an account belongs and I remain the primary responsible parties for all other activities in relation to these accounts. I also understand that as the authorizing unit leader, my unit bears responsibilities for coverage of any unanticipated shortfalls incurred in all accounts associated with my unit.

Date	Unit Leader Signature	UL Initials
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