

**Agricultural Research Foundation Principal Investigator
Signature Authorization Form**

Principal Investigator Printed Name: _____

Home Unit: _____

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

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

Authorized Signer - Print Name	Authorized Signer – Signature	Initials
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Section 2. If an expense is approved by me in email or verbal form, I authorize the following business center staff to sign on my behalf.

Authorized Signer - Print Name	Authorized Signer – Signature	Initials
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_____	_____	_____
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Section 3: I understand that this signature form will be used to verify signatures for disbursements from my ARF accounts. I certify that the signers listed above are authorized to draw funds from my accounts as noted. I remain the primary responsible party for all other requests in relation to these accounts.

Date	PI Signature	PI Initials
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Section 3: The unit leader who must approve expenses on these accounts is

Printed Unit Leader’s name