

UNIVERSITY OF ARKANSAS AT PINE BLUFF SIGNATURE AUTHORIZATION FORM

Date:												
NOTE:	Before any purchase order is issued this form must be completed with all the requested signatures on file in the Procurement Office. Should you opt to have a designee it does not relieve you (Budget Officer) of fiscal responsibility for this/these account(s). Should the Budget Officer change , a new sheet is required prior to receipt of Purchase Requisitions.											
						Account Number: Grant Title:			Account Name:	Account Name:		
								n, please fill in the fo	ollowing blanks:			
CFDA#	1 &		Grant ID #									
		•										
Primary F	Function (check a Instruction	s appropriate) Research	Public Service		Other (explain)							
	msuuction	Research	rublic Service		Other (explain)							
		_										
2.1.40	cc											
Budget O Print Nan	ne (below)	Title	Signa	ature	Initials							
Tillt Ivali	ic (below)	Title	Signo	ituic	Illitials							
The desig	completed by ea	ch designee, not the the Budget Officer'	0	ature	Initials							
Budget	Officer. (You	may copy this fo	ding number above form as needed or atta	ch an addition	sheet for this infor							
			ROVAL (both signa	ture blanks m	nust be completed)							
Duaget	Officer's imm	ediate Supervisor	·	(0.								
				(Signatur	e)							
Dudaat	Officarla Dass	. Vian Channella	r or Changallar									
ьиaget	Officer's Dear	n, Vice Chancello	r, or Chancellor	(0:	gnature)							
				(S1	gnature)							