



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:	Account Name:
Grant Title:	
If grant/sponsored program, please fill in the following blanks:	
CFDA #	Grant ID #

Primary Function (check as appropriate)

Instruction
 Research
 Public Service
 Other (explain)

Budget Officer

Print Name (below)	Title	Signature	Initials

Designees:

Must be completed by each designee, not the Budget Officer.

The designee can sign in the Budget Officer's stead.

Print Name (below)	Title	Signature	Initials

List each account name and corresponding number above for which you will serve as Budget Officer. (You may copy this form as needed or attach an addition sheet for this information)

REQUIRED AUTHORIZATION APPROVAL (both signature blanks must be completed)

Budget Officer's Immediate Supervisor _____
(Signature)

Budget Officer's Dean, Vice Chancellor, or Chancellor _____
(Signature)