



UNIVERSITY OF AKRON RESEARCH FOUNDATION

SIGNATURE AUTHORIZATION FORM

Project Title: _____

Project Begin Date: _____ Project End Date: _____

Account Number: _____ Account Manager: _____

Campus Address: _____
mail code bldg. room #

Section I: Authorized Signature(s) for Non-Payroll Purchases and Expenditures

Signature: _____ Printed Name: _____

Date: _____ Title: _____

Signature: _____ Printed Name: _____

Date: _____ Title: _____

Signature: _____ Printed Name: _____

Date: _____ Title: _____

Section II: Payroll on UARF accounts is handled through a University account using The University of Akron's signature authorizations. Therefore, there are no UARF authorizations for personnel appointments and payroll on this form.

Section III: For purchases over \$2,499 and for expenditures for community/public relations exceeding \$199, the signature of the account manager's department chair/school director or dean (director/supervisor) is required.

Supv. Signature: _____ Printed Name: _____

Date: _____ Title: _____

Section IV: Special Instructions (ex: dual signatures required, etc.)

Section V: Provide name of person in your office who will be a contact for questions concerning payment of invoices or travel reimbursements.

Contact name: _____ Campus mail code: _____

Title: _____ Phone number: _____

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