SUNY RF
The Research Foundation for
The State University of New York

SIGNATURE AUTHORIZATION FOR RESEARCH FOUNDATION, UNIVERSITY AT ALBANY TRANSACTIONS

Request From: _____ Date: _____
Project Director (Please Print)

Campus Mailing Address: _____

Campus E-mail Address: _____

Please complete the following information, checking all areas which apply.

☐ New OR ☐Add OR ☐ Remove

AUTHORIZED INDIVIDUAL(S)

_____
Name Signature

_____
Name Signature

ACCOUNTS

_____

TRANSACTIONS

☐ All Transactions
☐ Travel Expense Voucher
☐ Payroll Transactions
☐ Purchase Requisitions
☐ Other

LIMITATIONS

_____

I hereby give authorization to the individual(s) named above, subject to the limitations noted:

_____ _____
Project Director Signature Date

SUPERVISOR AUTHORITY DELIGATION

Please check with your GA as we may have prior delegation on file to authorize an individual in the Project Director's Supervisor's office to approve reimbursements to the Project Director.

I hereby give authorization to the individual listed below to approve travel and other reimbursements to the Project Director

Authorized Individual: (Name)_____ (Signature)_____

Supervisor Signature: _____ Date: _____