

TO: Deans, Department Heads, Business Administrators

FROM: Purdue Research Foundation

DATE: \_\_\_\_\_

RE: Discretionary Signature Authorization Form

**PRF a/c #008-1551-\_\_\_\_\_**

**Dept Name:\_\_\_\_\_**

Please complete the information requested: Date, Last Four Digits of Fund Number and Department Name.

List Name(s) and obtain signature(s) of the individual(s) authorized to approve expenditures from account indicated above:

**Name (please print or type)**

**Signature**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name, Campus Address, & Phone # of the individual to contact if questions:

**Name:** \_\_\_\_\_

**Campus Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Return form to Finance Dept – PRF - PTC.**

Date Returned Form Received @ PRF \_\_\_\_\_  
(For PRF use only)