

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)