



AUTHORIZED SIGNATURE FORM FOR FOUNDATION FUNDS

Foundation: ASUF GHSF

Foundation Fund Name:		Foundation Fund # :
Primary Signatory <i>(must sign at bottom)</i> :		Department Name:
Departmental Contact <i>(for distribution of monthly fund report)</i> :		Department ID:
Title:		Bldg/Rm #:
Extension:		
EMPLID	Print Name of Authorized Signatory	Authorized Signatory Signature
Authorization Restricted? Yes N No	List applicable restrictions:	
Authorization Restricted? Yes No	List applicable restrictions:	
Authorization Restricted? Yes No	List applicable restrictions:	

The Primary Signatory must approve any continuation pages of this form submitted by signing at the bottom of each page. The submission of this form will void all previous authorizations.

_____ Primary Signatory Signature

_____ Date