

November 12, 2021

University of South Alabama
College of Medicine
Signature Authorization Form

Grant Fund(s): _____

| Typed or Printed Name | Signature | Dollar Amount (limit to \$4,999)* |
|-----------------------|-----------|---------------------------------------|
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**Amounts requested over \$4,999 require justification and Dean's Office Approval. Please attach justification to this request or in the email submission.*

I, _____, authorize the individual(s) listed above to approve expenditures against the above-referenced grant fund(s) up to the limits indicated on this form. In authorizing the individuals above, I understand requests without proper signature authority and all required documentation will be returned to the department for proper approval. It is understood the signee will adhere to the dollar thresholds, grant budget, funding agency policies, and other requirements as outlined by the university's grant policies and procedures and is fully competent in their ability to administer grant funds and knowledgeable of all applicable regulations.

Signature Authority forms are updated biennially unless an event should require a change to the form.

P.I. Signature:

Date:

COM BUSINESS OFFICE USE ONLY

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