

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.
DELEGATION FORM**

CAMPUS: SYSTEM UAF FCF ADC UALR UAMS UAM UAPB CI UACCB UACCM

I hereby delegate my signature authority to the signed individual below on all indicated University of Arkansas Foundation, Inc. forms.

8 Y Y [U N Y X] : f c a .

Printed Name:

Title:

Signature:

Delegated To:

Printed Name:

Title:

Signature:

Payment Authorization Form

Request for Intra-Foundation Transfer

Request for New Project ID

Request to Update Authorized Project Signer

Request to Update or Close Project

FOUNDATION USE ONLY:

No. _____
Rev. By: _____ Date: _____