

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

**CAMPUS:** \_\_\_\_\_

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

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

Printed Name:

Title:

Signature:

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**Delegated To:**

Printed Name:

Title:

Signature:

Date:

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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: