

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

CAMPUS: _____

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

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Printed Name:

Title:

Signature:

Delegated To:

Printed Name:

Title:

Signature:

Date:

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:

Rev. By:	Date:
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