

**UNIVERSITY OF ARKANSAS FOUNDATION, INC.
INSTITUTION REIMBURSEMENT DELEGATION**

CAMPUS: _____

I hereby delegate my signature authority to the signed individual below for the purpose of confirming donor intent on scheduled reimbursements from the University of Arkansas Foundation, Inc.

Delegated from Vice Chancellor for Finance (or equivalent):

Printed Name: _____

Title: _____

Signature: _____

Delegated to Associate Vice Chancellor for Finance (or equivalent):

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Foundation Use Only:

Rev. By:

Date: