

I B=J9FG+MHC: '5 F?5 BG5 G': CI B85 HCBž-B7 "
D5 MA9BH'5I H<CF=N5 HCB'DFC>97H'8 '7 CFF97HCB

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

Original Payment Authorization

Check #:

Check Date:

Payee:

Amount:

Project ID:

Project Description:

Correction

Project ID:

Project Description:

SIGNATURES

Project Signatory: _____

School/College Review: _____

Fiscal Review: _____

(Chancellor/Vice President or
Authorized Designee)

PURPOSE OF SIGNATURE

Authorized expenditure of Foundation funds

For information/coordination with other campus activities

Review for compliance with policies and procedures

Verify within donor restriction, validate signature authority, approve for transfer.

Return Completed form to: Cathy Renner at cathy@uafound.org.