

University of South Alabama
College Of Medicine
Signature Authorization Form

Dept:

Grant Fund(s):

Typed or Printed Name	Signature	Dollar Limit (Not to exceed \$4,999)

I, _____, authorize the individual(s) listed above to approve expenditures against the above referenced grant fund(s) up to the limits indicated on this form.

P.I. Signature _____

Date: _____