

UNIVERSITY OF MARYLAND, BALTIMORE

SIGNATORY AUTHORITY FORM

NAME: _____ **SIGNATURE:** _____
 Last MI First

Print/Type
Campus
Address: _____ **SCHOOL/UNIT:** _____
 _____ **DEPARTMENT:** _____

TELEPHONE NO.: _____ **FAX NO.:** _____

E-MAIL: _____

Project ID	Owner Department	Program	Fund	PCBU

(If you have signatory authority for more than three Project ID's, please furnish a list with your form.)

Form(s):
Check Box(s)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Out-of-State Travel Request |
| <input type="checkbox"/> | Expense Statement |
| <input type="checkbox"/> | E-Z UMB Payment Form |
| <input type="checkbox"/> | Tuition/Fees/Insurance Payment by Grant Funds |
| <input type="checkbox"/> | Working Fund Request |
| <input type="checkbox"/> | Payroll Adjustment Form |
| <input type="checkbox"/> | Payroll Advance Form |
| <input type="checkbox"/> | Payroll Check Cancellation/Replacement |
| <input type="checkbox"/> | Payroll Stop Payment |
| <input type="checkbox"/> | Requisition – Capital Funded |
| <input type="checkbox"/> | Other: |

I hereby authorize _____, whose signature appears above, to sign for the item(s) above, on behalf of the department/unit.

 Name

 Title