Medical College of Georgia

Authorized Signature Form for Project/Grants

Department:		**Contact:**
Effective Date:	**Bldg./Rm#:**	**Phone #:**

Project/Grant ID	**Print Name of Authorized Signature**	**Authorized Employee Signature(s)**

Principal Investigator Printed Name	**Principal Investigator Signature(s)**	**Title**	**Date**

*** All authorized signature additions or deletions must be approved by the Principal Investigator.**

Once approved, return completed form to: Controller's Division, Financial Accounting, HS B107

Note: Only one project/grant ID per form.

For Internal Use Only: Copies to Travel _____, Purchasing _____, Cashiers _____; Date Completed: _____

Revised 01/06