



The University of Georgia

External Affairs Division
Office of Financial Services

Signature Authority Form for UGA Foundation Accounts

Date: _____

Unit : _____

VP, Dean, or Director: _____
(Enter Name and Title)

In accordance with Section 8.3 of the UGA Foundation policies and procedures, the below individuals have the authority to sign on my behalf for all UGA Foundation accounts associated with the unit/school/college, unless specifically noted below. Mail completed form to Financial Services ATTN: Expenditure Control, Milledge Ctr, Suite 100.

This document replaces any previous documents relating to signature authority for foundation accounts.

Name Typed _____ Signature _____

Title of Person _____

Fund Account or Dept Restrictions _____

Name Typed _____ Signature _____

Title of Person _____

Fund Account or Dept Restrictions _____

Name Typed _____ Signature _____

Title of Person _____

Fund Account or Dept Restrictions _____

Name Typed _____ Signature _____

Title of Person _____

Fund Account or Dept Restrictions _____

Vice President, Dean, or Director Approval:

Signed: _____

Date: _____