



Department of Molecular and Cellular Biology
College of Biological Science

Signing Authority for Research Lab Purchases

Researcher: _____

Building: _____

Please provide the following information for each person in your lab who is authorized to place purchase orders with the Departmental Clerks, coded to your research funding.

Name: _____

Designate's Signature: _____

Job Title: _____

Extension(s): _____

Authorized Limit Per Order: \$ _____

Please indicate if you will also be co-signing **all** orders Yes No

Faculty Signature

Date

Please submit new authorization forms as required to reflect changes in your lab personnel. All forms must be submitted to Sandra Good, SCIE 4479.