



Office of Research and Sponsored Programs

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<http://www.umb.edu/orsp/index.html>

MEMORANDUM

TO: Responsible Person
FROM: Carol Soeldner
RE: Authorized Signature

If you have been designated as the Responsible Person to expend funds from a University Account, please fill in the required information below and return this form to me.

If you have been designated the Responsible Person on more than one account, please photocopy this form, as needed, filling out one form for each account.

No encumbrance or expenditure will be approved from an account for which you are the Responsible Person until this information is received.

Thank you for your cooperation in this matter.

PLEASE TYPE:

Project/Grant Number: (Not Speedtype)

Project/Grant Name:

Responsible Person:

Address:

PERSON (S) AUTHORIZED TO APPROVE EXPENDITURES:

Principal Investigator - TYPE NAME

AUTHORIZED SIGNATURE DATE

TYPE NAME

AUTHORIZED SIGNATURE DATE

TYPE NAME

AUTHORIZED SIGNATURE DATE