

TEXAS A&M RESEARCH FOUNDATION

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This form serves as authorization for the Texas A&M Research Foundation to accept approvals for invoices and project payroll expenses by email or fax. I understand that by using this process the Texas A&M Research Foundation will process payments when authorization is received using my email address or a fax with my signature. I further understand that by using this process I, or my delegate will be certifying to the accuracy of the charges, and the fact they are necessary to the project goals.

This authorization applies to all accounts for which I have approval authority with the Texas A&M Research Foundation.

Additionally, I authorize the Texas A&M Research Foundation to accept approvals through email or fax authored by _____, to whom I have delegated my approval authority. *(please print name)*

Sincerely,

Principal Investigator's Signature

Date

Please print or type name

Email Address

Phone Number

Delegate's Signature

Date

Please print or type name

Email Address

Phone Number

Return to:

Michele Lacy, Associate Vice President
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