

TEXAS A&M RESEARCH FOUNDATION

FAX & EMAIL APPROVAL AUTHORIZATION

This form serves as authorization for the Texas A&M Research Foundation to accept approvals by fax or email for invoices, travel, and/or payroll expenses. I understand that by using this method, the Texas A&M Research Foundation will process payments when an authorization is received by fax that includes my signature, or by email that includes my electronic signature.

I further understand that by using this method, 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.

In addition, I authorize the Texas A&M Research Foundation to accept approvals via fax or emails authored by _____ to whom I have delegated my approval authority.
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PRINCIPAL INVESTIGATOR:

Signature

Date

Name (Printed or Typed)

UIN

Email Address

Telephone Number

DELEGATED INDIVIDUAL:

Signature

Date

Name (Printed or Typed)

UIN

Email Address

Telephone Number

Return the completed and signed form to:

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