

FLORIDA INTERNATIONAL UNIVERSITY FOUNDATION, INC.

SIGNATURE AUTHORIZATION FORM

Project No.:

Date:

Project Name:

College/Center/Unit:

Contact Person:

Location/Ext.:

PROJECT AUTHORIZATION:

Name	Title	Signature
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Name	Title	Signature
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Name	Title	Signature
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Name	Title	Signature
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REQUIRED APPROVALS:

Dean or Vice President:

Name	Title	Signature
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University Area Budget Manager:

Name	Title	Signature
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