

DATE: \_\_\_\_\_



**DISCRETIONARY SIGNATURE AUTHORIZATION FORM**  
*Please Type or Print Clearly*

PRF DISCRETIONARY ACCOUNT # (7 digits) \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Campus Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_

Print Name(s) and signature(s) of the individual(s) authorized to approve expenditures from account indicated above:

**PRINT NAME**

**SIGNATURE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
Approved Unit Head Printed Name

\_\_\_\_\_  
Approved Unit Head Signature

**RETURN FORM TO ACCOUNTS PAYABLE DEPARTMENT – PRF/KPTC**