

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

*June 2024 Revision*



**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**

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Approved Unit Head Printed Name

Approved Unit Head Signature

Completed form should be emailed to [creditcardactivity@prf.org](mailto:creditcardactivity@prf.org)