



Veterans Medical Research Foundation

Authorized Signers

I hereby authorize the following person/s to sign on my VMRF project/s

Form with three signer sections and a Principal Investigator section. Each signer section includes fields for Name, Email Address, Phone Extension, Signature, and Projects (All Projects/Specified).

Input fields for 'New Form' and 'Add Additional Signer(s)'.

Disclaimer: It is the responsibility of the Principal Investigator to inform VMRF accounting of any changes in a timely manner particularly when an employee is no longer working on a project.