



Veterans
Medical Research
Foundation

Authorized Signers

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

Name	<input type="checkbox"/> All Projects <input type="checkbox"/> Specified
Email Address	Projects:
Signature	
Name	<input type="checkbox"/> All Projects <input type="checkbox"/> Specified
Email Address	Projects:
Signature	
Name	<input type="checkbox"/> All Projects <input type="checkbox"/> Specified
Email Address	Projects:
Signature	
Principal Investigator's Name	Date
Principal Investigator's Signature (must be on every page) _____ Date _____	

New Form 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.