

INTERDEPARTMENTAL INVOICE GRANT AUTHORIZATION FORM

I, _____ from _____,
authorize _____, to charge invoice #(s) _____ in
the amount of \$ _____ to the following Chart String:

ARC-Dept. # _____ ARC-Project # _____ ARC-Activity # _____
ARC-Initiative # _____ ARC-Segment # _____

Justification for Service(s):

***Please include copy of detailed budget justification from proposal**

By signing off on this form, you are acknowledging that you have received approval from the Principal Investigator and that the charge(s) requested is (are) allocable, allowable, consistent and in compliance with spending terms and conditions of the sponsor.

Departmental Administrator Name: _____ Phone: _____

Signature: _____ Date: _____

Email: _____

Sponsored Projects Finance and Compliance Manager _____

In the event the charge(s) are not allowed on the grant, department is requested to furnish a Guaranteed Non-sponsored chartstring to the Service Provider;

ARC-Dept. # _____ ARC-Project # _____ ARC-Activity # _____

ARC-Initiative # _____ ARC-Segment # _____