



# FLORIDA ATLANTIC UNIVERSITY™

DIVISION OF RESEARCH

REQUIRED SIGNATURES		
PI Name	Signature	Date
College Administrator Name	Signature	Date

*Note: By signing above, the requestor certifies that the cost to be transferred is an appropriate expenditure for the sponsored grant or contract charged and that the expenditure complies with the terms and restrictions governing that sponsored grant or contract.*

FOR DIVISION OF RESEARCH USE ONLY:	
Authorized Signature for Approval	
Director of Research Accounting	<i>Approval from Research Accounting will be obtained electronically through the Workday Business Process</i>