UMBC BOOKSTORE

ONE TIME AUTHORIZATION

Individuals Name:____________________________________________________
Department:________________________________________________________
Chartstring:___________________________________________________________

Amount Not to Exceed: __________

PLEASE ALLOW THE NAMED EMPLOYEE TO PURCHASE ON THE ACCOUNT NUMBER LISTED ABOVE.

_______________________________                         ___________________
AUTHORIZED SIGNATURE                         DATE

UMBC BOOKSTORE

ONE TIME AUTHORIZATION

Individuals Name:____________________________________________________
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