

UMBC Bookstore Charge Authorization Sheet

FY__

Department Name:_____

Grant/Project Name:_____

PSChartstring:_____

Print Name/Signature

Print Name/Signature

Grant/Project Name:_____

PSChartstring:_____

Print Name/Signature

Print Name/Signature

Grant/Project Name:_____

PSChartstring:_____

Print Name/Signature

Print Name/Signature

I UNDERSTAND THAT MY DEPARTMENT IS RESPONSIBLE FOR ALL FINANCIAL COMMITMENTS MADE BY THE ABOVE AUTHORIZED INDIVIDUALS.

DEPARTMENT CHAIRPERSON

PRINCIPAL INVESTIGATOR