Date:

Office of PreAward Services
Attn: Associate Vice President for Research
2 Fairchild Hall
Manhattan, KS 66506

SUBJECT: Designated Alternate Signature Authorization

This letter is to authorize signature authority per the following:

Name of Alternate Authorized Designee	**Signature of Alternate Authorized Designee**
Name of Alternate Authorized Designee	**Signature of Alternate Authorized Designee**

For the timeframe specified below:

From _____ **To** _____

** If timeframe is not specific, please type "indefinite"*

Special Instructions (i.e. authority limitations)

Name of Authorized Signatory (Print)	Signature
Title	Department

cc: