



Greater Los Angeles  
**Veterans**  
Research & Education  
Foundation

Fund Account Signature Authorization

Fund #:

PI:

Sponsor:

I hereby authorize the following individual(s) to sign Check/Reimbursement Requests on the above numbered fund. This individual replaces all previously authorized signatures on this account.

Yes            No

This individual is replacing the current Fund PI: Yes            No

Signature of Individual Authorized to Sign Check/Reimbursement Requests

Name of Individual

Signature of Individual Authorized to Sign Check/Reimbursement Requests

Name of Individual

Authorized By:  
Signature of Current PI

Date:

Name of PI:

**Greater Los Angeles Veterans Research & Education Foundation**

11301 Wilshire Blvd., Building 114, Room 218 Los Angeles, CA 90073 tel/ 310.312.1554 [www.glavref.org](http://www.glavref.org)