

CARB INTERNAL PURCHASING AUTHORIZATION FORM

Name of PI: _____

Please complete either Part A or Part B.

- A. All purchases that originate from members of my lab group and are paid for by my contract and/or grant funds can only be approved by me:

_____	_____	_____
PI name (Printed)	PI signature	Date

- OR -

- B. I authorize the following person to approve all purchases that originate from members of my lab group and are paid for by my contract and/or grant funds:

_____	_____	_____
Designee Name (Printed)	Designee signature	Date

_____	_____	_____
PI name (Printed)	PI signature	Date