

(USE DEPARTMENT LETTERHEAD)

(Date)

Michael Richards
Florida Clinical Practice Association, Inc.
PO Box 103450
Gainesville, FL 32610-3450

Dear Mr. Richards

In compliance with the rules governing the Florida Clinical Practice Association, Inc., I am delegating the following individuals signature authority on the FCPA payment request vouchers for the Department of _____.

Sincerely,

Professor and Chairman

<u>Individual's Signature</u>	Acting Chairman during my absences
Individual's Name Typed	

<u>Individual's Signature</u>	<u>List \$ Limit (<= \$10,000)</u>
Individual's Name Typed	

<u>Individual's Signature</u>	<u>List \$ Limit (<= \$10,000)</u>
Individual's Name Typed	

<u>Individual's Signature</u>	<u>List \$ Limit (<= \$10,000)</u>
Individual's Name Typed	

(Repeat as necessary)