



POWER OF ATTORNEY

In accordance with Section 1004.22(12) Florida Statutes, which permits the advance of funds to a principal investigator, I, _____, as the principal investigator of

_____ (project name), do hereby execute this Power of Attorney to enable the advance of funds to me and make, constitute and appoint the Controller of the University of Central Florida, or any person duly authorized by him/her in writing to do the following: to endorse in my name and to deposit in a University of Central Florida account for the use and benefit of University of Central Florida, any check, warrant or draft payable to me in connection with the above named project. This power is coupled with an interest and shall survive my death, and shall be irrevocable during the term of its duration as in hereinafter provided. Anything contained hereinabove to the contract notwithstanding the authority conferred by this Power of Attorney is limited to the lawful endorsement in my name and to the deposit in a University of Central Florida account, any check, warrant or draft payable to me in connection with research project listed above. I agree to hold harmless anyone acting in reliance on the authority hereby granted, and ratified and confirm all that my said attorney in fact may do pursuant to this power.

I have executed this Power of Attorney to enable the University of Central Florida to advance the funds to me and also to allow the university to ensure the proper collection of such advanced funds, if it becomes necessary, I understand it is my responsibility to ensure that all funds advanced to me are used for the purposes for which they were advanced.

This Power of Attorney shall terminate on the _____ day of _____, 20____ or when all advanced monies are either returned to the university or properly accounted for as having been used toward payment of authorized expenditures, whichever is later.

IN WITNESS WHEREOF, I set my hand and seal this _____ day of _____, 20_____.

Signature _____
Printed Name _____
Date _____

State of Florida, County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by:

(Name of Person Making Statement)

(Signature of Notary Public – State of Florida)

(Type or Stamp Commissioned Name of Notary Public)

Personally Known _____ or Produced Identification _____

Type of Identification produced _____