



Professional and Continuing Education (PaCE) Pre-Authorization Certification Form

Total: _____

(Instructions: Identify the activity/expenditure, describe the nexus between the expenditure and the self-support program/function it supports, and any methodology used)

Name/Print: _____ Dept/Title: _____ Date: _____

Name/Signature: _____

CERTIFICATION

The undersigned authorized officer of the above-mentioned implementing institution

The funding request shown above represent reasonable, allowable and allocable costs

The expenditure has sufficient funding

Approved amount \$ _____

Comments:

Name/Signature: _____ Title: _____ Date: _____

Dean and AVP, Extended University and International Programs or Designee

For Accounts Payable
Approved

Name: Title: Date: