

CU Global Center: **form201501**

School/Institution:

Program/Project Title:

Program/Project Description:

Cost Estimate*:

Beginning / Ending Dates:

**Attach Project/Program Budget*

We, the undersigned representatives of the School/Institution noted above, acknowledge our School/Institution's responsibility for the expense(s) incurred through Columbia's Global Center, listed above. We authorize the Center to incur these expenses on their bank account, and then to invoice us for the expenses and any agreed upon administrative fees. Please attach a copy of the associated project/program budget to this form.

Project Leader/PI

(Signature)

Date

Departmental Approver/DAF Authorizer

(Signature)

Date

Finance Director/Dean of School or Division

(Signature)

Date

Remit payment to:

Columbia University
ATTN: Columbia Global Centers | Europe
91 Claremont Ave. Suite 529
New York, NY 10027