

**POWER OF ATTORNEY**

I, \_\_\_\_\_, hereby make, constitute, and appoint the Controller of the University of Florida or any person duly authorized by him for and on behalf of the University of Florida, as my true and lawful attorney, for the purpose of endorsing in my name and depositing in a University of Florida account, for the use and benefit of the University of Florida, any State of Florida or University of Florida checks, warrants, or drafts payable to me in accordance with the attached Agreement. This power is coupled with an interest and shall survive my death, and shall be irrevocable during the term of its duration as hereinafter provided. I agree to hold harmless anyone acting in reliance on the authority hereby granted, and ratify and confirm all that my said attorney may do pursuant to this power.

This power of attorney shall terminate on the \_\_\_\_\_ day of \_\_\_\_\_ of year \_\_\_\_\_, or when all advanced monies are either returned to the University or properly accounted for as having been used toward payment of authorized expenditures as provided for in the attached Agreement, whichever is later.

IN WITNESS WHEREOF, I set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_ of year \_\_\_\_\_

\_\_\_\_\_  
(Signature)

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ of year \_\_\_\_\_, by \_\_\_\_\_ as \_\_\_\_\_  
(Name of person) (Type of Authority)

for \_\_\_\_\_  
(Name of party)

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_