

# SIGNATURE AUTHORIZATION FORM

NAME OF ORGANIZATION	DATE SUBMITTED
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## 1. AUTHORIZING AUTHORITY

SIGNATURE	PRINT OR TYPE NAME	TITLE

## 2. AUTHORIZED TO SIGN CONTRACTS/CONTRACT AMENDMENTS

SIGNATURE	PRINT OR TYPE NAME	TITLE

## 3. AUTHORIZED TO SIGN REQUESTS FOR REIMBURSEMENT

SIGNATURE	PRINT OR TYPE NAME	TITLE

### INSTRUCTIONS FOR SIGNATURE AUTHORIZATION FORM

This form identifies the persons who have the authority to sign contracts, amendments, and requests for reimbursement. It is required for the management of your contract with the Central Ohio Workforce Investment Corporation. Please complete all sections.

When a request for reimbursement is received, the signature is checked to verify that it matches the signature on file. **The payment can be delayed if the request is presented without the proper signature.**

- 1. Authorizing Authority.** Generally, the person(s) signing in this box heads the organization, such as the Chief Operating Officer, President or Board Chair. In some cases, the chief executive officer may have been delegated this authority.
- 2. Authorized to Sign Contracts/Contract Amendments.** The person(s) with this authority should sign in this space.
- 3. Authorized to Sign Requests for Reimbursement.** Often this is the Chief Operating Officer or Chief Financial officer or Treasurer of the organization.