

**AUTHORIZED SIGNATURE SHEET
FOR
CASH REQUISITIONS and FINANCIAL REPORTING**

1. Provider Agreement Number(s): _____

2. Provider: _____

3. Signature(s) of individual(s) authorized to draw cash on the above cited provider agreement(s):

a. Signature _____ Date _____

Typed Name and Title _____

b. Signature _____ Date _____

Typed Name and title _____

c. Signature _____ Date _____

Typed Name and Title _____

(If there are additional signatures that are authorized, attach second sheet.)

4. I certify that the signature(s) above are the individuals authorized to sign requisitions for cash on the above provider agreement(s):

Signature of Provider Signatory _____ Date _____

Typed Name and Title _____

This authorization is applicable to the above provider agreement and terminates with closeout of this agreement.