



The Navajo Nation
 Office of the Controller
 Accounts Payable Section
 PO Box 1600, Window Rock, AZ 86515
 (928) 871-6433

THE NAVAJO NATION
 EXPENDITURE AUTHORIZATION SIGNATURE FORM
 Fiscal Year 2017

To: **Office of the Controller**

_____ Date

The following individuals are authorized to incur expenses, make charges and sign documents against business units:

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NAME AND TITLE OF AUTHORIZED INDIVIDUAL	SAMPLE SIGNATURE	TYPE OF AUTHORITY (SEE CODES BELOW)	DOLLAR LIMIT (IF ANY)

TYPE OF AUTHORITY CODES:

- | | |
|--|--------------------------------------|
| 1. Approve purchase requisitions | 7. Approve Interdepartmental Charges |
| 2. Approve receiving reports | 8. Approve SSO |
| 3. Approve requests for direct payment | 9. Approve PAF |
| 4. Approve travel authorizations | 10. Other _____ |
| 5. Approve travel reimbursements | 11. Other _____ |
| 6. Approve travel advances | 12. Other _____ |

Special Instruction or Comments:

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Your office will receive a new "Expenditure Authorized Signature Form" whenever 1) an individual listed below terminates or loses his/her authority; 2) additional individuals are granted authority; 3) changes are made to business units.

Approved by: _____ (Name Printed) _____ (Title)

Concur: _____ (Name Printed) _____ (Title)

Concur: _____ (Name Printed) _____ (Title)