



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 2018

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) |
|---|------------------|-------------------------------------|-----------------------|
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TYPE OF AUTHORITY CODES:

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