



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 2019

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:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>1. Approve purchase requisitions</li> <li>2. Approve receiving reports</li> <li>3. Approve requests for direct payment</li> <li>4. Approve travel authorizations</li> <li>5. Approve travel reimbursements</li> <li>6. Approve travel advances</li> </ul> | <ul style="list-style-type: none"> <li>7. Approve Interdepartmental Charges</li> <li>8. Approve SSO</li> <li>9. Approve PAF</li> <li>10. Other _____</li> <li>11. Other _____</li> <li>12. Other _____</li> </ul> |
|--|---|

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)