



**CITY OF FLAGSTAFF**

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**AUTHORIZED SIGNATURE CARD FOR REQUESTS FOR REIMBURSEMENT**

<b>Subrecipient Name</b>		
<b>Address</b>		
<b>Contact Person</b>	<b>Phone #</b>	<b>E-mail</b>
<b>Project Title</b>	<b>Project #</b>	<b>Grant #</b>
<b>Notice to Proceed Date</b>		<b>Contract Expiration Date</b>

1.

_____	_____
Signature	Date
_____	_____
Typed Name	Title

2.

_____	_____
Signature	Date
_____	_____
Typed Name	Title

I certify that the signatures of the above are of the individuals authorized to request payments for the cited contract and that I, as the \_\_\_\_\_ (CEO /Executive Director/Regional Director/ Board President), have the authority to designate these individuals to take such action. Additionally, these individuals have completed the necessary training to provide accurate and complete reports and source documentation necessary for approval of pay requests.

_____	_____
Signature	Date
_____	_____
Printed Name	Title

