

Louisiana Office of Community Development-Disaster Recovery

AUTHORIZED SIGNATURE FORM FOR INVOICES

(All persons named below must sign this form)

| | |
|----------------------------|--|
| Name/Address of Recipient: | CEA / Contract Number: To be Completed by LOCD-DR |
| | PO# |
| | |

| | |
|--|---|
| 1) Person (A) Approved to Sign Draws Signature: Print Name: | 2) Person (B) Approved to Sign Draws Signature: Print Name: |
| 3) Person (C) Approved to Sign Draws Signature: Print Name: | 4) Person (D) Approved to Sign Draws Signature : Print Name: |

APPROVED BY GRANTEE / VENDOR **(SIGNATURE REQUIRED BELOW)**

| | |
|-------------|--------|
| Signature: | Date: |
| Print Name: | Title: |

AUTHORIZED SIGNATURE FORM**Instructions**

1. Insert the typed name of recipient and complete mailing address of recipient; include zip code.
2. CEA / Contract Number will be completed by LOCD-DR.
3. Enter the typed name of the individuals who are authorized to sign the organization's Request for Payment. *NOTE: Not all four boxes must be filled.*
4. Provide name, date and title of approver who certifies the above signatories are authorized to request payment of CDBG funds.
5. Please ensure you have all required signatures affixed to the form, including the approval signature and date at the bottom of the form.
6. Email form to your program manager and copy the contract section: Delreese.Hector@la.gov and Laura.McCoy3@la.gov and Sara.Carr@la.gov.