

**WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES
BUREAU OF SOCIAL SERVICES
OFFICE OF FINANCE AND ADMINISTRATION
DIVISION OF GRANTS & CONTRACTS**

AUTHORIZED SIGNATURES

AGENCY NAME: _____

AGENCY STREET ADDRESS: _____

AGENCY MAILING ADDRESS: _____

The following individual(s) has/have been duly authorized by the Board of Directors, Commissioner, Superintendent or Owner (if private for-profit) to sign financial documents (i.e., invoices, checks, contracts/agreements, budgets and/or expenditure reports) submitted to the West Virginia Department of Human Services as indicated below.

| | |
|-----------------------------|---|
| <hr/> Signature | AUTHORIZED TO SIGN: (PLEASE MARK ALL THAT APPLY) |
| <hr/> Printed Name | Contracts: _____ |
| <hr/> Title | Invoices: _____ |
| <hr/> E-Mail Address | Checks: _____ |
| <hr/> Phone Number | Budgets: _____ |
| <hr/> Signature | Expenditure Reports: _____ |
| <hr/> Printed Name | Other – Specify: _____ |
| <hr/> Title | AUTHORIZED TO SIGN: (PLEASE MARK ALL THAT APPLY) |
| <hr/> E-Mail Address | Contracts: _____ |
| <hr/> PHONE NUMBER | Invoices: _____ |
| | Checks: _____ |
| | Budgets: _____ |
| | Expenditure Reports: _____ |
| | Other – Specify: _____ |

SIGNATURE OF BOARD PRESIDENT: _____

SIGNATURE OF OWNER: _____

SIGNATURE OF SUPERINTENDENT/COMMISSIONER/PRESIDENT: _____

DATE SUBMITTED TO DEPARTMENT: _____