

INVOICE

SIGNATURE AUTHORIZATION FORM

TO: LEWIS-MASON-THURSTON AREA AGENCY ON AGING

FROM: _____, CONTRACTOR

This is to certify that: the following named person(s) are **authorized to sign requests for payment of services** provided by the Contractor; and their specimen signatures are genuine.

1. _____
Name (typed or printed)

Specimen Signature

2. _____
Name (typed or printed)

Specimen Signature

3. _____
Name (typed or printed)

Specimen Signature

4. _____
Name (typed or printed)

Specimen Signature

By: _____
(President, Chairman of Board or comparable official)

Title Date