AUTHORIZED SIGNATURES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FISCAL ADMINISTRATION DIVISION
SFN 1897 (6-2021)

Clear Fields

ONLY AUTHORIZED SIGNATURES SUBMITTED ON THIS FORM WILL BE ACCEPTED.

Division	Effective Date	Date Submitted
Name of Division Director	Title of Division Director	

The following employees are authorized to approve payments for the division indicated above.
(The signature on the payments cannot be abbreviated shorter than signed below or the document will be returned.)

Typed Name of Employee Authorized to Sign	Actual Signature of Employee