ONLY AUTHORIZED SIGNATURES SUBMITTED ON THIS FORM WILL BE ACCEPTED.

Section	Effective Date	Date Submitted	
Name of Section Director	Title of Section Director	Title of Section Director	
The following employees are authorized to approve (The signature on the payments cannot be abbreviat returned.)	payments for the section i ed shorter than signed be	ndicated above. low or the document will be	
Typed Name of Employee Authorized to Sign	Actual Signature of Employee		