



# THE NAVAJO NATION

OFFICE OF THE CONTROLLER  
ACCOUNTS PAYABLE SECTION

PO Box 1600, Window Rock, AZ 86515 • (928) 871-6122

## EXPENDITURE AUTHORIZATION SIGNATURE FORM Fiscal Year 2024

To: **Office of the Controller**

\_\_\_\_\_ Date

The following individuals are authorized to incur expenses, make charges and sign documents against business units:

NAME AND TITLE OF AUTHORIZED INDIVIDUAL	SAMPLE SIGNATURE	TYPE OF AUTHORITY (SEE CODES BELOW)	DOLLAR LIMIT (IF ANY)

**TYPE OF AUTHORITY CODES:**

- |  |                                      |
|--|--------------------------------------|
| 1. Approve purchase requisitions       | 7. Approve Interdepartmental Charges |
| 2. Approve receiving reports           | 8. Approve SSO                       |
| 3. Approve requests for direct payment | 9. Approve PAF                       |
| 4. Approve travel authorizations       | 10. Other _____                      |
| 5. Approve travel reimbursements       | 11. Other _____                      |
| 6. Approve travel advances             | 12. Other _____                      |

Special Instruction or Comments:

Your office will receive a new "Expenditure Authorized Signature Form" whenever 1) an individual listed below terminates or loses his/her authority; 2) additional individuals are granted authority; 3) changes are made to business units.

Approved by: \_\_\_\_\_ (Name Printed) \_\_\_\_\_ (Title)

Concur: \_\_\_\_\_ (Name Printed) \_\_\_\_\_ (Title)

Concur: \_\_\_\_\_ (Name Printed) \_\_\_\_\_ (Title)