**UEI Number and Authorized Signature Form**

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|  **UEI Number** |
| UEI Number      | Address (must include 9-digit zip code)      |
| Physical Address of Project (must include 9-digit zip code)      | PIN #:      |
| **Authorized Signatures** |
| **A minimum of two (2) signatures must be shown to permit flexibility in making requests for reimbursement.**  |
| Typed Name and Title      | Signature |
| Typed Name and Title      | Signature |
| Typed Name and Title      | Signature |
| Typed Name and Title      | Signature |
| **I certify that the signatures of the above individuals are only those persons authorized to sign for the reimbursements requests.** |
| Signature of Highest Elected Official Date |

*A new form must be submitted whenever authorized signers change*