**UEI Number and Authorized Signature Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **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*