



AUTHORIZED SIGNATURE FORM

To the Traveler/Requestor:

To process reimbursements for state employees or the use of NASPO professional development or green purchasing technical assistance funds, NASPO policies require the signature of the traveler/requestor and the authorizing signature of the NASPO primary member.

Traveler/Requester Name (Print or Type): _____

Total Requested for Reimbursement/Payment: _____

Traveler/Requestor Signature: _____

To the NASPO Primary Member:

NASPO relies upon the primary member's signature to affirm appropriateness and compliance with NASPO and state policies. NASPO defers to the rules, regulations and policies of its member states for expense reimbursement. In situations where NASPO's policy—including eligible expenses, amounts and required documentation—differs from state policies, expenses must adhere to the integrity of applicable state policies.

When the NASPO primary member is the traveler/requestor, NASPO recommends but does not require the signature of the primary member's superior as the authorizing signature below.

Your signature below affirms you have reviewed and approve the expenditure of NASPO funds.

Authorizing Name (Printed or Typed): _____

Authorizing Signature: _____

For questions about this form, please contact Amanda Graves, 859.514.9824, or agraves@naspo.org.