

SOUTHERN ALABAMA REGIONAL COUNCIL ON AGING

1075 Brannon Stand Road / Dothan, Alabama 36305



SARCOA

Area Agency on Aging

SIGNATURE AUTHORIZATION FOR BILLING PURPOSES

Please print or type.

Contractor:
Address:
Today's Date:

The following individuals have been authorized, in addition to me, to sign Voucher Summary Sheets / Invoices billing the Southern Alabama Regional Council on Aging (SARCOA) for services rendered or purchases of goods under SARCOA programs. Persons not on this list will not be authorized to sign billing. Any billing submitted which is signed by someone other than those listed below will be rejected.

Please print or type except where signatures are required.

Name	Title	Official Signature
<i>This Authorization will continue through the following date:</i>		

Contractor Official Signature Date
(The Person Who Signed the SARCOA Contract)

Title