



CITY OF CHICAGO
Delegate Agency
Signature Authorization

Please Check One

- Initial Authorization
- Revised Authorization
- Cancel

TO THE CITY COMPTROLLER'S OFFICE, SPECIAL ACCOUNTING DIVISION

TO BE COMPLETED BY THE CITY DEPARTMENT				
FMPS Coding:				
SC Contract # / FMPS Contract #	Release #	BFY	Fund	Report Category # Project #
Delegate Agency Name		/Site		

TO BE COMPLETED BY THE DELEGATE AGENCY			
Delegate Agency Name	/Site	Agency FEIN	
Address	City/State	Zipcode	
Agency Contact Person	Agency Contact Phone # ()		
<p>THIS DOCUMENT IS PART OF THE CONTRACT BETWEEN THE CITY OF CHICAGO AND THE DELEGATE AGENCY IDENTIFIED ABOVE.</p> <p>The person whose signature is furnished below is hereby authorized to sign reimbursement vouchers and related documentation.</p> <p>_____</p> <p>for a program funded by the Department of _____</p>			
AUTHORIZED PERSON'S SIGNATURE: _____			
AUTHORIZED PERSON'S NAME (Please Type): _____			
AUTHORIZED PERSON'S TITLE (Please Type): _____			
Describe any limitations on that authority here:			

This authorization is approved for this Delegate Agency by:			
APPROVING PERSON'S SIGNATURE: _____			
APPROVING PERSON'S NAME (Please Type): _____			
APPROVING PERSON'S TITLE (Please Type): _____			
DATE OF THIS APPROVAL: _____			
<p><i>This form is to be completed as part of the Delegate Agency's process of executing the contract identified by the above fund and contract numbers. Completing this form is one of the conditions necessary to receive funds from the City.</i></p>			