LIBC/LHAQTEMISH FOUNDATION (LNSO)



# DELEGATION OF AUTHORITY

Department Name:

Fund/Department Number:

Please Check Appropriate Box- LIBC FUNDS  LNSO FUNDS

**THE FOLLOWING STAFF ARE AUTHORIZED TO APPROVE EXPENDITURES FOR THIS PROGRAM:**

NAME:       SIGNATURE:

**Payroll Signing Authority:**

LIMIT: $      (Per Transaction)

PAF  Accounting Change Form  Timesheet  Time Card

NAME:       SIGNATURE:

**Payroll Signing Authority:**

LIMIT: $      (Per Transaction)

PAF  Accounting Change Form  Timesheet  Time Card

NAME:       SIGNATURE:

**Payroll Signing Authority:**

LIMIT: $      (Per Transaction)

PAF  Accounting Change Form  Timesheet  Time Card

NAME:       SIGNATURE:

**Payroll Signing Authority:**

LIMIT: $      (Per Transaction)

PAF  Accounting Change Form  Timesheet  Time Card

**PLEASE ☑ THE APPROPRIATE DEPARTMENT DIRECTOR:**

Economic Development  Finance Director

Natural Resources  Employment Training Center..

Chief of Police  Lead Attorney

Education Superintendent  Cultural Director

Planning Director  Human Resources D

Comptroller  Housing Director

Other: Lhaq’temish Foundation

##### DIRECTOR SIGNATURE DATE:

Candice Wilson, Executive Director

**PLEASE ☑THE APPROPRIATE SUPERVISOR:**

Chairman  Vice-Chairman  General Manager

Treasurer  Chief-Administrator

##### SIGNATURE DATE:

Kathy Pierre, Treasurer