

Local Government Assistance Program (LGAP)
Community Water Enrichment Fund Program (CWEF)

PAYMENT AUTHORIZATION FORM

Name and Address of Grantee Organization (Local Government)

Vendor ID Number

Tax ID Number

ENTER THE NAMES AND TITLES OF INDIVIDUALS AUTHORIZED TO SIGN
REQUEST FOR PAYMENT (RFP) FORMS AND INVOICES BELOW. MINIMUM OF 2 PERSONS REQUIRED.

Printed Name and Title

Printed Name and Title

Printed Name and Title

Printed Name and Title

DATE

CHIEF ELECTED OFFICIAL'S SIGNATURE (REQUIRED)

TITLE

DATE

OCD-LGA Approval:

IMPORTANT! NO ERASURES OR CORRECTIONS MAY APPEAR ON THIS FORM