



**Housing and Human Services Grant (HHS) Program
INVOICE SIGNATURE AUTHORIZATION FORM**

If a person or persons other than the Executive Director / Agency Director is/are authorized to approve invoices, please list below:

Name:	Title:

I hereby authorize the above named person(s) to approve invoices submitted for reimbursement to the City of Pleasanton Housing and Human Services Grant (HHS) Program for Fiscal Year 2016 (16-17).

Executive Director

Agency