

**NCDA&CS  
ADFP Trust Fund**



**REIMBURSEMENT REQUEST INVOICE  
SIGNATURE CARD FORM**

**INSTRUCTIONS:** Please read and fill in the required information to the right of each field where applicable. Provide the requested printed and written signatures of agency representatives in the designated areas. In the event the affixed signature(s) are no longer valid, a revised form must be submitted prior to processing of Request for Reimbursement form.

**SECTION I.**

Effective:	
Legal Applicant Organization / Agency Name:	
Federal Tax Identification Number:	

**SECTION II.**

**Certification:**  
By affixing my signature, I certify that person(s) identified below are designated having legal authorization to sign on behalf of the organization named in section one for purposes of processing monthly submissions of the ADFP Trust Fund Request for Reimbursement Form. Furthermore, I understand the legal implications of any and all misrepresentation of an official for the sole purpose of defrauding the State of North Carolina.

**NON-PROFIT ORGANIZATIONS ONLY**

<b>Chairman of the Board of Directors</b>	<b>Financial Representative Signature</b>
Print Name:	Print Name:
Signature:	Signature:

**GOVERNMENTAL ENTITIES**

<b>Chief Fiscal Officer</b>	<b>Alternate Fiscal Signature</b>
Print Name:	Print Name:
Signature:	Signature: