

Authorized Signatures District Personnel Approved by the Board to Act as District Agents

District: _____

Signature	<input type="checkbox"/> Vendor	<input type="checkbox"/> Contracts	<input type="checkbox"/> Payroll
Typed Name/Title	Prelists		Prelists

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I certify that the signatures shown on this page are the verified signatures of district personnel approved by the board to act as agents of the governing board.

_____ Board Secretary	_____ Date
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