

The Navajo Nation
Office of Management and Budget

BUDGET SIGNATURE AUTHORIZATION

Fiscal Year _____

Department/Program: _____ Business Unit Number: _____

E-mail Address: _____ Phone Number: _____

The following personnel are authorized to initiate budget revision requests on behalf of the above cited Department/Program:

PRINTED NAME

SIGNATURE

Department/Program Manager

Authorized Signature

An updated "Budget Signature Authorization" form must be completed and submitted to NN-OMB whenever changes in standing delegation or personnel occur in the Branch, Division, or Department/Program.

Special Instructions Regarding This Authorization:

Branch Chief/Division Director Signature

Date

Name of Branch Chief/Division Director (Printed)

Note: Executive Branch's Division Administration/Executive Offices are required to have those budget revisions approved by the appropriate official in the Office of the President and Vice-President.