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:

<table>
<thead>
<tr>
<th>PRINTED NAME</th>
<th>SIGNATURE</th>
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<tbody>
<tr>
<td>___________________________</td>
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</tr>
<tr>
<td>Department/Program Manager</td>
<td>Authorized Signature</td>
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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:

______________________________________________________________________________

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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.