

EXHIBIT A  
AUTHORIZED INVOICE SIGNATORS

Contract #: \_\_\_\_\_

The Board of Directors of \_\_\_\_\_ (hereinafter known as  
"PROVIDER"), meeting on \_\_\_\_\_, 20\_\_\_\_, by motion and vote, duly recorded in the  
minutes thereof, did authorize \_\_\_\_\_  
(Name and Title Typewritten)

and \_\_\_\_\_ to  
(Name and Title Typewritten)

sign monthly invoices and certification statements as required by the Agreement between Broward  
County and PROVIDER. Appearing below are samples of signatures authorized by the Board of  
Directors of PROVIDER as required by COUNTY.

\_\_\_\_\_  
(Authorized Signature) (Date)

\_\_\_\_\_  
Authorized Signature (Date)

\_\_\_\_\_  
Authorized Name

\_\_\_\_\_  
Authorized Name

Witness Signature: (1)

Witness Signature (2)

**Signature** \_\_\_\_\_

**Signature** \_\_\_\_\_

Name \_\_\_\_\_  
(Print or Type)

Name \_\_\_\_\_  
(Print or Type)

Date \_\_\_\_\_

Date \_\_\_\_\_

(SEAL)