



The Arc of Oakland County - Financial Management Services
Authorized Signature(s) for Timesheets and Invoices

Name of Individual Receiving Services: _____

Date: _____

Please designate below those people that you have chosen to authorize payments, including yourself (if you will be signing), of timesheets and invoices.

Name: _____
Daytime Phone Number: _____

Signature: _____

Name: _____
Daytime Phone Number: _____

Signature: _____

Name: _____
Daytime Phone Number: _____

Signature: _____

Name: _____
Daytime Phone Number: _____

Signature: _____

Please return to The Arc of Oakland County
1641 W. Big Beaver Road, Troy, MI 48084
Email: fitimesheet@thearcoakland.org

Fax # 248-816-3340