

SECTION C: AUTHORIZATION/EXPLANATION

PRESENTER AUTHORIZATION REQUEST

POST 2-369 (05/2025)

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SECTION D: ATTESTATION

I attest that I am a duly authorized official of the herein-named presenter requesting reimbursement. To the best of my knowledge the information stated on this form is true, correct, and in conformance with Commission Regulations.

6. SIGNATURE OF AGENCY OR PRESENTER REPRESENTATIVE

7. DATE OF REQUEST (MM/DD/YYYY)

8. NAME AND TITLE OF AUTHORIZED OFFICIAL

Name:

Title:

9. PHONE

10. EMAIL

11. ESTIMATE COST OF REQUEST

LESS

AMOUNT REMAINING IN CONTRACT =

REMAINING CONTRACT BALANCE

\$

\$

\$

SECTION E: POST PROGRAM MANAGER

12. SIGNATURE OF PROGRAM MANAGER

13. DATE OF APPROVAL (MM/DD/YYYY)

☐ APPROVED ☐ DENIED

14. PROGRAM MANAGER NOTES/COMMENTS

SECTION F: POST BUREAU CHIEF

15. SIGNATURE OF BUREAU CHIEF

16. DATE OF APPROVAL (MM/DD/YYYY)

☐ APPROVED ☐ DENIED

17. POST BUREAU CHIEF NOTES/COMMENTS