

The Arc of Oakland County, Inc.  
Fiscal Intermediary Authorized Signature(s) for  
Timesheets and Invoices

Consumer's Name: \_\_\_\_\_

MORC ID Number: \_\_\_\_\_

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: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_