FI0420 Appendix D: FI0420 Contract Signature Authority Request Form

To: David Miller, CFO From: Blake Reagan for Petra McPhearson Date: 1/8/2021

RE: Tennessee Department of Human Services Vocational Rehabilitation Program forms

Question 1: Name of the person who will have contract signature authority if this request is approved by the CFO:

Name: Kristena Gallimore

Question 2: State the types of contracts for which the person may sign if this request is approved by the CFO:

Tennessee Department of Human Services Vocational Rehabilitation Program forms for UTM.

Note: Contract signature authority granted by this memo expires if the UT employee changes positions within UT or when their employment ends.

(- DocuSig	gned by:	
CBO approval:			Mephearson
	CBEA13	76DACC4E9	

	DocuSigned by:
CFO approval:	David L Miller
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