[NOTE: Please make copies of this form to use for later updates/changes. Thank you.]

National Historical Publications and Records Commission
National Archives and Records Administration
700 Pennsylvania Avenue, N.W., Room 111
Washington, DC 20408-0001

AUTHORIZED SIGNATURES FOR PAYMENT REQUESTS

_____	_____
Typed Name and Title	Signature
_____	_____
Typed Name and Title	Signature

I certify that the signatures above are of the individuals authorized to request payments (via SF 270) through the Automated Clearing House (Vendor Express) payment program for

NHPRC grant number(s): _____.

_____	_____
Typed Name and Title of Authorized Representative	Signature
_____	_____
Date of Signature	Telephone No. (for questions/problems)

_____

_____

_____

_____

Name and Address of Grantee

July 1997