AUTHORIZATION TO DRAW AGAINST PROGRAM FUND

COMPANY # : 3331

PROGRAM NAME: BIA-Water Resource

DIVISION #: 99

(MUST APPREAR ON ALL PURCHASE ORDERS AND DISBURSEMENTS)

DATE: 7/16/2013

PROGRAM: Water Resource

PROGRAM MANAGER/Supervisor: Dee Allen

I am authorizing the designated person below to sign Purchase Orders and/or Request for Disbursements for my Program. I know as Program Manager that I am responsible for all purchases and staying within my budget.

AUTHORIZED NAME FOR PURCHASE ORDERS:

Kristen Hanson

AUTHORIZED NAME FOR REQUEST FOR DISBURSEMENTS:

Kristen Hanson

7/16/13

PROGRAM MANAGER/SUPERVISOR

smt 5/20/93

Lac du Flambeau Band
of Lake Superior Chippewa Indians
P.O. Box 67 • Lac du Flambeau, Wisconsin 54538 • (715) 588-3303 • FAX#- (715) 588-7930