



**AGENCY SHOPPER AUTHORIZATION FORM**

**Name of Agency:** \_\_\_\_\_

Please list all persons authorized to shop in the Food Share Warehouse and specify individuals that are authorized to sign invoices that commit your agency to the payment of shared maintenance or other fees. Once this authorization form has been signed and dated by your agency director, please return it to the Agency Services Director.

**AUTHORIZED SHOPPERS:**

**AUTHORIZED TO SIGN INVOICES:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

- Yes\_\_\_ No\_\_\_

**PLEASE REMOVE THESE NAMES FROM OUR “AUTHORIZED TO SHOP LIST”:**

\_\_\_\_\_  
\_\_\_\_\_

**AGENCY DIRECTOR OR AUTHORIZED SIGNOR:**

**DATE:**

\_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_