

Authorization to Submit Claims

This form is for a claimant to use to identify the person(s) authorized to submit claims on its behalf in Coupa, the Relocation Payment Clearinghouse's claim submission and processing system. This form must be completed, signed by a person with authority to make binding financial decisions for the claimant, and uploaded to Coupa prior to the submission of a claim. If the information on this form changes (e.g., the employee leaves employment or a person is no longer authorized to submit claims), please upload a revised form immediately through Coupa.

Select one: **Original Form**

Revised Form

Business Name/Claimant Name	
Tax Identification Number/Employer Identification Number	

PERSON(S) AUTHORIZED TO SUBMIT CLAIMS

These names should also be added to the "Personnel Authorized to Submit Claims" field of the claimant's profile in the Coupa Portal.

I hereby authorize the following person(s) to submit claims on behalf of the business/claimant named above.

Name	
Title	
Email Address	

Name	
Title	
Email Address	

Name	
Title	
Email Address	

Name	
Title	
Email Address	

Name	
Title	
Email Address	

Name	
Title	
Email Address	

Authorizing Person

By signing below, I hereby confirm that I have authority to make binding financial decisions related to the C-band Relocation Program on behalf of the business/claimant named above.

Name	
Title	
Email Address	
Phone Number	

SIGNATURE

DATE

A signed version of this form must be uploaded to the claimant's profile in the Coupa Portal during the account setup. The primary point of contact may add additional Users to the account after account setup. **The name(s) and email address(es) contained on this form must match the name and email address within the person(s) Coupa account.**

Please see the *Coupa Claimant Account Setup User Guide* posted at www.CbandRPC.com/setup for more information regarding Coupa setup. For any additional questions, please contact info@CbandRPC.com.