



SIGNATURE AFFIDAVIT

State Form 34910 (R3 3-08) / Form IC 113

INDIANA DEPARTMENT OF TRANSPORTATION

CONTRACT _____

PROJECT _____

I, _____, being duly sworn, do hereby authorize
_____ to sign any and all
ESTIMATE VOUCHERS and CONTRACT CHANGE ORDERS required, said individual(s) having
full knowledge of all facts set forth in aforesaid payrolls.

I further do hereby authorize _____
to sign any and all copies of PAYROLLS required by the contract, said individual(s) having full
knowledge of all facts set forth in aforesaid payrolls.

Name: _____
(FIRM OR CORPORATION)

By: _____
(SIGNATURE) (TITLE)

(NAME PRINTED OR TYPED)

ACKNOWLEDGEMENT

State of _____, County of _____ SS:

Subscribed and sworn to before me this _____ day of _____, 20 _____

(SIGNATURE) (NOTARY PUBLIC)

(NAME PRINTED OR TYPED)

My Commission expires _____, 20 _____

* * * * *

*This form is to be completed by the contractor. The original and one
copy be returned to the district office.*