

---

# Employee Invoice Authorization

---

OCERIS, Inc. will now be requiring clients to provide the name of one or more people at the client site that will be capable of authorizing any charges outside the scope of normal quarterly hardware or software support.

If someone other than the contacts listed on this form contacts OCERIS, Inc requesting to order equipment or services, our staff will notify them that we must hear from the dedicated contact.

Please list the name of the person in your office that we should consider our point of contact for authorizing these types of purchases.

---

**Office Name**

---

Contact 1

---

Contact 2

---

Contact 3

---

Contact 4

---

Contact 5

---

Contact 6

---

Contact 7

---

Contact 8

---

Contact 9

---

Contact 10

---

Contact 11

---

Contact 12

---

Signature of Practice Owner

---

Printed Name of Practice Owner

---

Date

---