



**RESOLUTION OF THE
WHITE MOUNTAIN APACHE TRIBE OF THE
FORT APACHE INDIAN RESERVATION**

(Authorizing Tribal Education Department to purchase ticket through Mid-Town Travel for Lela Cosen)

WHEREAS, pursuant to Article IV, Section 1(a) of the Constitution of the White Mountain Apache Tribe, *inter alia*, the Tribal Council has the authority to represent the Tribe and act in all matters that concern the welfare of the Tribe; and

WHEREAS, the Tribal Council is informed that Lela Cosen, a member of the tribe and an employee of Tribal Education Department, requests that Tribal Education purchase an airline ticket through Mid-Town Travel for her travel to North Dakota to visit her grandchildren; and

WHEREAS, the cost of the airline ticket is \$855.62 for which Ms. Cosen has signed a payroll deduction form; and

WHEREAS, the Tribal Council finds that payment of \$855.62 by the Tribal Education Department is appropriate and in the best interest of Ms. Cosen; and

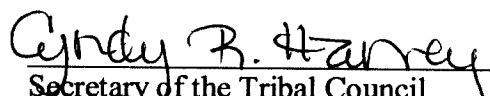
WHEREAS, the Tribal Council concurs that Tribal Education Department should be authorized to submit payment to Mid-Town Travel in the amount of \$855.62

BE IT RESOLVED by the Tribal Council of the White Mountain Apache Tribe that:

1. The Tribal Education Department is hereby authorized to submit payment to Mid-Town Travel in the amount of \$855.62
2. The Chairman, or in his absence, the Vice Chairwoman, is hereby authorized to execute any and all document necessary to effectuate the intent of this Resolution.

The foregoing resolution was on March 30, 2007, duly adopted by a vote of SEVEN for and ZERO against by the Tribal Council of the White Mountain Apache Tribe, pursuant to the authority vested in it by Article IV, Section 1 (a), and (u) of the Constitution of the Tribe, ratified by the Tribe September 30, 1993, and approved by the Secretary of the Interior on November 12, 1993, pursuant to Section 16 of the Act of June 18, 1934 (48 Stat. 984).


Chairman of the Tribal Council


Secretary of the Tribal Council



WHITE MOUNTAIN APACHE TRIBE

Fax - 338-1183

PAYROLL DEPARTMENT PAYROLL DEDUCTION AUTHORIZATION

Lela M. Cosen

03/28/07

NAME

DATE

~~XXXXXXXXXXXX~~

\$855.62

SOCIAL SECURITY #

FULL AMOUNT

WMAT Vocational Rehabilitattion Prog

EMPLOYER

TO:

PAYEE

I, HEREBY AUTHORIZE AND REQUEST THAT WMAT PAYROLL DEPARTMENT DEDUCT A TOTAL OF \$ 100⁰⁰ EVENLY OVER _____ PAY PERIODS TO PAY ON MY ACCOUNT. IF I SHOULD STOP OR CHANGE THE PAYROLL DEDUCTION FOR ANY REASON, I AGREE TO NOTIFY THE DEPARTMENT/ENTERPRISE BEING PAID AND THEN THE PAYROLL DEPARTMENT IMMEDIATELY. I UNDERSTAND THE FULL BALANCE WILL BE DEDUCTED FROM MY FINAL PAYCHECK IF I SHOULD RESIGN OR AM TERMINATED FROM EMPLOYMENT!

NEW DEDUCTION CHANGE CANCELLATION

Lela Cosen

EMPLOYEE SIGNATURE

3/28/07

DATE SIGNED