

SIGNATURE AUTHORIZATION

DATE PREPARED

TO: STATE CONTROLLER

FROM: _____
(COMMISSIONER / AGENCY HEAD)

DEPARTMENT / AGENCY & NUMBER

NAME

TITLE

IS HEREBY AUTHORIZED TO SIGN FOR THE FOLLOWING TYPES OF TRANSACTIONS
TO BE CHARGED AGAINST THE FOLLOWING LISTED AGENCY / ORGANIZATION:

_____ PAYMENT VOUCHERS

_____ PAYROLLS

EFFECTIVE DATE: _____

SPECIMEN SIGNATURE: _____

SIGNATURE OF OFFICIAL AUTHORIZING THE ABOVE _____