

SIGNATURE AUTHORIZATION

TO: STATE CONTROLLER, 14 SHS

DATE PREPARED:

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 &
JOURNAL VOUCHERS

PAYROLLS

ARE YOU REPLACING AN INCUMBENT?

YES

NO

IF SO, ENTER INCUMBENT'S NAME:

EFFECTIVE DATE:

SPECIMEN SIGNATURE:

SIGNATURE OF OFFICIAL AUTHORIZING THE ABOVE:
