

**SIGNATURE AUTHORIZATION**

TO: STATE CONTROLLER

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

EFFECTIVE DATE:

SPECIMEN SIGNATURE: \_\_\_\_\_

SIGNATURE OF OFFICIAL AUTHORIZING THE ABOVE \_\_\_\_\_