AUTHORIZED SIGNATURE LIST

Send to the Chief of the General Accounting Division
OFFICE OF THE AUDITOR-CONTROLLER

SPM FORM ADM-3
(Policy #103)

Effective Date | **Department Name** | **Business Unit**

- 1 **Pick-up County Issued Vendor Warrants**
- 2 **Wire Transfers**
- 3 **Establish Bank Account (AP-5 Form)**
- 4 **Change to Banking Account (AP-6 Form)**
- 5 **Establish Revolving Fund (AR-1 Form)**
- 6 **Change to Revolving Fund (AR-1 Form)**
- 7 **Cash Revolving Fund Check (AR-1 Form)**

AUTHORIZED TO SIGN	EMPLOYEE NAME	TITLE	FULL SIGNATURE
list all applicable numbers	*List Name and Title as shown on County ID Badge - No Nicknames*		in **BLUE INK** only *initials will not be accepted*

DEPARTMENT HEAD OR SPECIAL DISTRICT DIRECTOR *(PRINT OR TYPE)* | **SIGNATURE** *(REQUIRED)* | **DATE**

Department Contact Info:

Name | Email | Phone

Name | Email | Phone