

SIGNATURE AUTHORIZATION FORM

TO: Sonoma County Office of Education
 FROM: _____ # _____
 (School District or Charter School)

FISCAL YEAR: ____/____

Complete this section for annual listings of authorized signatures or to add employees to the list.

This is an: ____ Annual Listing ____ Addition

Indicate items the following persons are authorized to sign for:

A – Payroll Warrants **B** – AP Warrants

Name (Type or Print)	Signature	Circle Items Authorized
_____	_____	A B
_____	_____	A B
_____	_____	A B
_____	_____	A B
_____	_____	A B
_____	_____	A B
_____	_____	A B
_____	_____	A B

Permissible to send Payroll AV? ____ YES ____ NO

Note: Authorizations remain in effect for the entire fiscal year or until a request for change or deletion is filed with External Fiscal Services.

Complete this section to delete authorized signatures.

The following person(s) should be deleted from the signature authorization list:
 Name _____
 Name _____
 Name _____

DISTRICT SUPERINTENDENT DATE

**PLEASE SEND ORIGINAL FORM TO: SCOE BUSINESS SERVICES
 ATTN: DIRECTOR EXTERNAL PAYROLL AND FINANCE**