

Approval and Signature Authorization

Sonoma County Office of Education

Fiscal Year _____ / _____

Department _____

Resource # _____ Goal # _____ School # _____

Submitted By _____ Phone _____ Date _____

Complete this section for annual listings of authorized signatures, to add employees to the list, or to make a change in the type of documents an employee is authorized to sign.

This is an: Annual Listing Addition Change

Indicate items the following persons are authorized to sign for or approve

ESCAPE Approvals

Signature Authorization

A HRA's

E Billing Request

I Travel Claims

B Budget Revisions

F Cash Deposit Requests

C Journal Entry

G Fixed Assets

D Purchase Orders

H Partial and Final PO Payments

Name (type or print)

Signature

	HRA's	Budget Revisions	Journal Entry	Purchase Orders	Billing Request	Cash Deposit Requests	Fixed Assets	PO Payments	Travel Claims
	A	B	C	D	E	F	G	H	I
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: Authorizations remain in effect for the entire fiscal year or until a request for change or deletion is filed with Business Services. Policy requiring two (2) signatures on some documents remains in effect.

Complete this section to delete authorized signatures.

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

Name _____

Name _____

Name _____

Department Director _____

Date _____

Internal Fiscal Services: _____

IT Dept: _____

AP Dept: _____