

COUNTY OF IMPERIAL  
 CASH CONTROL AND ACCOUNTING STANDARD PRACTICE MANUAL  
 FISCAL FORMS PREPARATION

**AUTHORIZED SIGNATURE LIST**

TO: COUNTY AUDITOR-CONTROLLER

FROM: \_\_\_\_\_  
                     SIGNATURE OF DEPARTMENT HEAD                      DEPARTMENT                      DATE

The following are authorized to sign or act in lieu of department head for the following functions. These items must have a signature, not a stamp or a typed name:

**PAYROLL**

Payroll Certificate

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pick-Up Warrants

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Deposit Permits

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Property Transfer Request

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACCOUNTS PAYABLE**

Department Head on Claim

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pick-Up Warrants

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OTHER**

Purchase Orders

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Request for Transfer of Appropriations

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_