

**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

Pick-Up Warrants

ACCOUNTS PAYABLE

Department Head on Claim

Pick-Up Warrants

OTHER

Deposit Permits

Purchase Orders

Property Transfer Request

Request for Transfer of Appropriations

