# 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 _____

***By signing this form, the superintendent is verifying all business office personnel has a complete understanding of the rules around distributing checks and agrees to only distribute checks to employees and/or vendors no earlier than the date written on the checks***

*LEA SUPERINTENDENT* DATE

**PLEASE SEND ORIGINAL FORM TO: SCOE BUSINESS SERVICES – ATTN: Dir. Ext. Payroll and Finance**

Revised 4/16/2025