San Bernardino County Superintendent of Schools
Transforming lives through education

District Financial Services

Board Delegation of Authorized Agent Status

District Name: _____ **District #:** _____

Date of Action: _____ **Effective Date:** _____

End Date: _____

In accordance with provisions of legal codes for the state of California and/or organizational bylaws, the governing body of the above-named school district/community college/joint power authorities hereby approves and adopts the action described below:

BOARD DELEGATION OF AUTHORIZED AGENT STATUS

Name of Authorized Agent: _____

Title: _____

Signature: _____

Authorization Relates to Documents Noted Below:

- ☐ **Accounts Payable Orders & Related Journal Entries**
- ☐ **Payroll Orders & Related Journal Entries**
- ☐ **Journal Entries Only (No AP or Payroll Orders)**
- ☐ **Deduction Summary Prelists**
- ☐ **Interfund Transfers**
- ☐ **Notices of Employment – Certified**
- ☐ **Budget Transfers**
- ☐ **Notices of Employment – Classified**
- ☐ **Purchase Orders:** Monetary Limit: _____
- ☐ **Notices of Employment – Student & Temporary**
- ☐ **Contracts:** Monetary Limit: _____

Authority: Education Code: Sections 17604, 17605, 35161, 42603, 81655 (CC)

I CERTIFY, UNDER PENALTY, THE FOREGOING STATEMENTS TO BE TRUE AND CORRECT

SIGNATURE, GOVERNING BOARD DESIGNEE **TITLE** **DATE**