

Department of Administrative Services - State Accounting Enterprise

**PRE-AUDITOR'S
AUTHORIZED SIGNATOR FORM**

Department _____ Dept Number _____ Page ____ of ____

Effective Date _____

The following employees are hereby authorized to approve each type of the documents listed below as a pre-auditor on my behalf.
Policy 204.101

GAX / TP / PRC / OUTD / MD / IET / PRCI / JV1 / CDE / CDR / CR

Name _____ Name _____ Name _____
 Name _____ Name _____ Name _____

FUND	DEPT	UNIT

FUND	DEPT	UNIT

FUND	DEPT	UNIT

The Department Head is the only employee authorized to sign an appropriation transfer

Approved by Department Head _____
Name

Type or Print Name of Department Head

Email this form to:

DAS-SAE DAILY PROCESSING at
DASSAEDailyProcessingTeam@iowa.gov