

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

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

Name _____	Name _____	Name _____
Name _____	Name _____	Name _____
Name _____	Name _____	Name _____
Name _____	Name _____	Name _____
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:

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