

Department of Administrative Services - State Accounting Enterprise

Section	Procedure Number	Page Number	Effective Date
PRE-AUDIT	204.100	1 of 2	May 1, 2018
Subject	GENERAL PROVISIONS AUTHORIZED SIGNATOR		

1. The "[Authorized Signator Form](#)" is used by the Department Head to authorize signators to electronically approve payment vouchers, payrolls, payroll documents, and expenditures, corrections, or transfer of funds on his or her behalf and is used to verify approval levels in the 1/3 accounting system. The signator name is to be entered in each column as delegated by the Department Head. This authorization does not relieve the Department Head from his or her responsibility for these documents.
2. A new Authorized Signator Form, with an effective date included, must be submitted each time a Department Head adds or removes an authorized signator. An email, memo or other correspondence requesting to add or remove any names is not acceptable.
 - a. A new Authorized Signator Form must be submitted each time a new Department Head or Interim Department Head is appointed to ensure signators continue to be authorized by the new Department Head. Submit the updated form as soon as possible after the new Department Head starts.
 - b. At the discretion of the DAS-SAE-Daily Processing Program Manager, each department, upon request, is required to review and/or update the Authorized Signator Form.
3. The number of employees authorized to electronically approve on behalf of the Department Head are to be kept at the lowest essential level to allow for proper administrative control. The signator(s) authorized to electronically approve should be familiar with the laws and rules relevant to the document(s) they are authorizing.
4. A sample of the Authorized Signator Form is on page 2 of this policy. The letters below correspond to the letters on the sample.
 - a. Name of Department
 - b. Department Number(s)
 - c. Effective Date of the Authorized Signator Form
 - d. All signators authorized to electronically approve all types of GAX, TP, PRC, MD and OUTD documents.
 - e. All signators authorized to electronically approve all types of IET, PRCI, JV1, CDE, CDR, and CR documents.
 - f. All signators authorized to request access to HRIS/PAYL/PAYN/PRIE for employees within their department.
 - g. Enter fund, department and unit numbers for each corresponding column of authorized signator(s).
 - Use an additional, separate form for specific signator(s) assigned to a unique fund, department and unit.

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- h. Name of 1/3 Security Contact (and Back-up when applicable)
- i. Name of Department Head
- j. Email to DASSAEDailyProcessingTeam@iowa.gov.

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AUTHORIZED SIGNATOR FORM

Department **a** _____ Dept Number **b** _____
 Effective Date **c** _____

The following employees are hereby authorized to approve on my behalf, all documents, payrolls, payroll documents and accounting transaction documents pertaining to those funds which are listed below by account number.

EXTERNAL DOCUMENTS
GAX / TP / PRC / MD / OUTD

INTERNAL DOCUMENTS
IET / PRCI / JV1 / CDE / CDR / CR

PAYROLL SECURITY CONTACT
HRIS / PAYL / PAYN / PRIE

Name d _____	Name e _____	Name f _____
Name _____	Name _____	Name _____
Name _____	Name _____	Name _____
Name _____	Name _____	Name _____
Name _____	Name _____	Name _____
Name _____	Name _____	Name _____

g

FUND	DEPT	UNIT

FUND	DEPT	UNIT
	006	

FUND	DEPT	UNIT
	006	

1/3 Security Contact - Primary: **h** _____ *Name* Back-up: _____ *Name*

Approved by Department Head **i** _____ *Name*

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

j Email this form to:
DAS-SAE DAILY PROCESSING at
DASSAEDailyProcessingTeam@iowa.gov

5. The Department Head must approve the completed form.
6. Email the completed form with Department Head approval to DASSAEDailyProcessingTeam@iowa.gov .
7. Questions on the Authorized Signator Form should be directed to DAS-SAE-Daily Processing.