

Department of Administrative Services - State Accounting Enterprise

**AUTHORIZED SIGNATOR FORM**

Department \_\_\_\_\_

Dept Number \_\_\_\_\_

Effective Date \_\_\_\_\_

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. Procedure 204.100

**EXTERNAL DOCUMENTS  
GAX / TP / PRC / MD / OUTD**

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

**PAYROLL SECURITY CONTACTS  
HRIS / PAYL / PAYN / PRIE**

Name \_\_\_\_\_

FUND	DEPT	UNIT

FUND	DEPT	UNIT

FUND	DEPT	UNIT

**I/3 Security Contact - Primary:** \_\_\_\_\_  
Name

**I/3 Security Contact - Back-Up:** \_\_\_\_\_  
Name

*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](mailto:DASSAEDailyProcessingTeam@iowa.gov)**