

Department of Administrative Services - State Accounting Enterprise

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

Department \_\_\_\_\_

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

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**

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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*

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