**SAN BERNARDINO COUNTY**

# SIGNATURE/FUND CUSTODIAN AUTHORIZATION
*Submit this form to each applicable department shown below when authorizing or canceling signatures.*

Check appropriate boxes: ☐ Authorization ☐ Cancellation ☐ Revised* **Effective Date:** **FY:**
☐ Petty Cash Fund – Physical location address: _____
☐ Cash Difference Fund – Physical location address: _____
☐ Change Fund – Physical location address: _____
☐ Revolving Fund – Physical location address: _____
☐ Prepaid Cards – Physical location address: _____

*Please include the physical address for each fund type.*

| **Department Name** |
| --- |
|  |

| **Last Name, First Name** | **Employee ID** |
| --- | --- |
|  |  |

**AUTHORIZED FORMS**

The employee whose name (above) and signature appear below is authorized to sign the forms listed below. Electronic signatures are allowed for all forms listed below unless otherwise noted. If an electronic signature is not allowed, the forms are required to have an original signature. This form incorporates the use of e-signature(s) in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

**AUDITOR-CONTROLLER/TREASURER/TAX COLLECTOR**

☐ All Forms
☐ Payroll Adjustments
☐ Leave Pre-Designation/Cash-out/Conversion Form
☐ Employee Reimbursement Form (Tuition, relocation, other taxable reimb)
☐ Temporary Credit Card Issuance Record
☐ Journal Vouchers (ZQ only)
☐ Year End Accruals
☐ 3rd Quarter Inventory Certification
☐ Interface Certification
☐ JV, AP, and CM Upload Certification

**HUMAN RESOURCES**

☐ All Forms
☐ Work Performance and Evaluation Forms
☐ Personnel Requisition and Certification
☐ Separation Report
☐ Salary Step Advancement Authorization
☐ Request for Extended Sick and Special Leave
☐ Education Assistance Proposal [1]
☐ Voluntary Time Off Request
☐ Employee Status And Wage Notification
☐ HR Forms req. Payroll Specialist auth and/or verification

**PURCHASING AGENT**

☐ All Forms
☐ Postage Stock Requisition (13-16489-000)
☐ Purchasing Card (CAL Card)
☐ Printing Request (16-20522-000)

List the range of funds center (cost centers) below. (Ex. 3400001000 – 3409991000)

| **From** | **To** | **From** | **To** | **From** | **To** |
| --- | --- | --- | --- | --- | --- |
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**Or** list individual funds center (cost centers) in numerical order below.

| **FUNDS CENTER** | **FUNDS CENTER** | **FUNDS CENTER** | **FUNDS CENTER** | **FUNDS CENTER** | **FUNDS CENTER** |
| --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |

# SIGNATURE/FUND CUSTODIAN AUTHORIZATION

*Submit this form to each applicable department shown below when authorizing or canceling signatures.*

Individual funds center (cost centers) listing continued

| FUNDS CENTER | FUNDS CENTER | FUNDS CENTER | FUNDS CENTER | FUNDS CENTER | FUNDS CENTER |
|---|---|---|---|---|---|
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## TO BE COMPLETED BY DELEGATE (employee being authorized for signature):

By affixing signatures to the listed documents, my delegates or I will be certifying that as the department's requisitioning, inspecting, or receiving officer(s), that articles or services for which payment is being sought have been received, furnished, or contracted for pursuant to California Government Code 29749.

_____     _____     _____     _____
PRINT NAME                    SIGNATURE                     Title                 Date Signed

## TO BE COMPLETED BY DEPARTMENT HEAD/APPOINTING AUTHORITY:

I am the official responsible (Appointing Authority) for the department's administration; I am duly authorized to delegate signature authority and will do so at the appropriate level. Authority delegated for signature of the listed documents and their representation thereon, shall be an accurate and complete transactional record. By affixing signatures to the listed documents, I or my delegate(s) will be certifying, under penalty of perjury that the provisions of Article 4 of Chapter 1 of Division 4 of Title 1 (beginning with section 1090) of the California Government Code have not been violated.

_____     _____     _____     _____
PRINT NAME                    SIGNATURE                     Title                 Date Signed

## DEPARTMENT CONTACT INFORMATION:

_____     _____     _____
Prepared by (Print Name)      Telephone                     Inter Office Mail Code

*Distribution:  PDF – ATC-Accounts Payable, SFCA@sbcountyatc.gov*
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*            PDF – EMACS-HR, emacshr@hr.sbcounty.gov*
*            PDF – Purchasing, PurchasingAdmin@pur.sbcounty.gov*
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[1] *No Electronic Signature Allowed*
*\*Revisions will replace existing authorizations*
Rev. 04/10/2025