



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
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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

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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Individual funds center (cost centers) listing continued

Table with 6 columns labeled FUNDS CENTER and 8 empty rows.

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@sbccountyatc.gov
PDF - ATC-Internal Audits, Auditor.Division@sbccountyatc.gov
PDF - EMACS-HR, emacshr@hr.sbccounty.gov
PDF - Purchasing, PurchasingAdmin@pur.sbccounty.gov
Restricted Use for Internal Distribution Only

1 No Electronic Signature Allowed
*Revisions will replace existing authorizations
Rev. 04/17/2026