



Authorized Signature Form

School: _____ Date: _____

Authorized Personnel for Approval of Purchase Orders/Packing Slips/Invoices

PURCHASE ORDER AUTHORIZATION:

Name	Position	Signature	Initials

PACKING SLIP AND INVOICES AUTHORIZATION (if different from above)

Name	Position	Signature	Initials

SCHOOL INTERNAL ACCOUNT AUTHORIZATION:

Name	Position	Signature	Initials

PAYROLL AUTHORIZATION:

Name	Position	Signature	Initials

Principal Signature (Approval of Above)

Date

(Please complete and return to Regional Office by September 30)