

**Miami-Dade County  
Accounts Payable Authorized Signatures  
Fiscal Year 2012-2013**

Department/Agency/Division \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT DIRECTOR  
**(NO SIGNATURE STAMP)**

DEPARTMENT DIRECTOR NAME  
(PLEASE PRINT OR TYPE)

**Return by, Monday, September 17, 2012**

**Return to:** Dania Diaz, Finance Department, 111 N.W. 1<sup>st</sup> Street - Suite 2620.

This form lists the names of the individual(s) authorized by the department director, in addition to him/herself to be responsible for the disbursement of budgeted funds.

This authorization, unless changed due to employee transfers, terminations or a re-assignment of duties, will be effective for the fiscal year ending September 30, 2013.

Any changes due to transfers, terminations or re-assignments must be reported immediately to the Finance Department. If so, please make a **brief footnote on a copy of this form** explaining the cause/reason for the change(s) and forward to our office. Only a change in department director will require the completion of a new authorization form in its **entirety**.

This signature form is maintained in departmental order as proof of authorization for the processing of invoices submitted for payment, in the Finance Department, Controller's Division - Accounts Payable Unit. The individuals below have authority to approve the disbursement of budgeted funds (i.e. purchase order invoices, direct bill invoices, and any other requests for reimbursement) for fiscal year ending September 30, 2013.

<u>NAME</u> <u>TYPE OR PRINT</u>	<u>DEPT.</u> <u>PREFIX</u>	<u>SIGNATURE*</u> <u>(PLEASE USE</u> <u>BLUE INK)</u>	<u>COMMENTS**</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* PLEASE SIGN EXACTLY IN THE MANNER WHICH YOU WILL BE APPROVING ALL DISBURSEMENT VOUCHERS.

\*\* PLEASE INDICATE IF AUTHORIZED TO SIGN FOR ENTIRE DEPARTMENT OR JUST A CERTAIN DIVISION