Reset Form

Print Form

Miami-Dade County
Trust Fund Authorized Signatures

For Department/Agency: _____

Approved By: _____ Date: _____

DEPARTMENT DIRECTOR
(NO SIGNATURE STAMP)

_____

DEPARTMENT DIRECTOR NAME
(PLEASE PRINT OR TYPE)

Project number (range of projects)_____

Return by, Monday, September 19, 2011

Return to: Lori Madrigal, Finance Department, 111 N.W.1st Street - Suite 2620.

This form lists the names of the individual(s) authorized by the department director to be responsible for the disbursement of Trust funds. If the same individual(s) is authorized to sign on multiple Trust Fund projects, only one form is required to be submitted listing all the projects above.

This authorization, unless changed due to employee transfers, terminations or a re-assignment of duties, will be effective for fiscal year ending September 30, 2012.

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

This signature authorization form is retained in departmental order for the processing of invoices submitted for payment from the Trust funds, in the Finance Department, Controller's Division – Accounting & Reporting Unit. The individuals below have authority to approve the disbursement of Trust funds for fiscal year ending September 30, 2012. **No payments will be processed from the Trust funds unless this form is in file with the Finance Department.**

NAME TYPE OR PRINT	DEPT. PREFIX	SIGNATURE*

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