



FINANCE DEPARTMENT
OFFICE OF THE DIRECTOR
SUITE 2620
111 N.W. 1st STREET
MIAMI, FLORIDA 33128-1995
(305) 375-5080

APPROVAL FORM FOR FLYER DISTRIBUTION WITH PAYCHECKS

Department or	
Organization Na	me:
Address:	
City, State &	
Zip:	
Contact Person I	information:
Name:	
Email address: _	
Phone Number:	
Please check one	box:
☐ Approved/Con	tracted County Vendor County Sponsored Program Other
	**** Please attach a sample of the flyer ****
Pavdav Request	for Distribution:
	nce notice is required.)
Distribution for:	All County Employees
	County Employees in Downtown area ONLY
RETURN FORM TO	O: CLAUDIA R. GARCIA
RETURN FORM TO.	FINANCE DEPT. /PAYROLL UNIT
	111 N.W. 1st STREET, SUITE 2620
	MIAMI, FLORIDA 33128
	Phone# 305-375-4034 Fax# 305-375-2570
☐ Disapproved/	
☐ Approved by:	
	SUSANNE M. TORRIENTE, ASSISTANT COUNTY MANAGER/CHIEF OF STAFF <u>or</u> GRACIELA CESPEDES, DEPUTY FINANCE DIRECTOR
Date:	