

**Miami-Dade County**  
**Accounts Payable Disbursement and Wire Transfers Authorized Signatures**  
**Fiscal Year 2014-2015**

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

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT DIRECTOR SIGNATURE  
(NO SIGNATURE STAMP)

DEPARTMENT DIRECTOR NAME  
(PLEASE PRINT OR TYPE)

**Return by Monday, September 15, 2014**

**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 and/or wire transfers 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, 2015.

Any changes due to transfers, terminations or re-assignments must be reported immediately to the Finance Department. When updating the form, please provide the effective date. Only a change in department director will require the completion of a new authorization form in its entirety.

This signature form is maintained as proof of authorization for auditing purposes of invoices (including those processed via IWA) and/or wire transfer letters submitted for payment, in the Finance Department, Controller's Division – Accounts Payable Unit. The individuals below have authority to approve the disbursement and/or wire transfer of budgeted funds (i.e. purchase order invoices, direct bill invoices, and any other requests for reimbursement) for fiscal year ending September 30, 2015.

PLEASE CHECK BELOW ALL THAT CORRESPOND TO EACH INDIVIDUAL

<u>A/P</u> <u>DISB.</u>	<u>AND</u> <u>/OR</u>	<u>WIRE</u> <u>TRF</u>	<u>NAME</u> <u>TYPE OR PRINT</u>	<u>*DEPT</u> <u>PREFIX</u>	<u>SIGNATURE* (PLEASE</u> <u>USE BLUE INK)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PLEASE SIGN EXACTLY IN THE MANNER WHICH YOU WILL BE APPROVING ALL DISBURSEMENTS AND/OR WIRE TRANSFER VOUCHERS.

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