

**HARRIS COUNTY DEPARTMENT OF EDUCATION  
SIGNATURE AUTHORITY FORM  
FY 2008-09**

Please complete the form by having authorized employees print and sign under the "Alternate Authorized Signatures" section. Each individual must also complete the Conflict of Interest Disclosure. This authorization allows assigned designees to sign payment authorizations, purchase orders, requests to attend, mileage reimbursements, travel reimbursements, procurement card and budget amendments. This form also must be signed by the division director/manager authorizing the other signees to sign. Please return to Belinda Lalor. If you have questions about the form, please call Belinda Lalor at (713) 696-0746.

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Fund \_\_\_\_\_ Budget Mgr Code \_\_\_\_\_  
Division \_\_\_\_\_  
Division Manager \_\_\_\_\_ Signature \_\_\_\_\_  
Contact Person \_\_\_\_\_

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Alternate Authorized Signatures - All Financial Paperwork:

1. Name \_\_\_\_\_ Signature \_\_\_\_\_  
Position \_\_\_\_\_  
2. Name \_\_\_\_\_ Signature \_\_\_\_\_  
Position \_\_\_\_\_  
3. Name \_\_\_\_\_ Signature \_\_\_\_\_  
Position \_\_\_\_\_  
4. Name \_\_\_\_\_ Signature \_\_\_\_\_  
Position \_\_\_\_\_

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Other Authorized Signatures - Specific Items Only:

1. Other (Specify) \_\_\_\_\_ Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_  
2. Other (Specify) \_\_\_\_\_ Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_  
3. Other (Specify) \_\_\_\_\_ Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_

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**Business Office**

Date Received: \_\_\_\_\_