

**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: \_\_\_\_\_