CITY OF WINCHESTER
SIGNATURE AUTHORIZATION FORM

Complete and return this form to the Finance Department for the individuals authorized to sign the following forms for your department.

Department

The following person(s) is (are) authorized to sign for this Department:

Department: _____ Effective Date: _____

Director /Agency Head Signature: _____

Authorization

Check each form type:

Payroll – Timesheets ☐ Payroll – Hours Proof ☐ Budget Transfers ☐

AP – Traditional Payment ☐ AP – FPO P-Card ☐ AP – Purchase Orders ☐

Printed Name: _____ Signature: _____

Authorization

Check each form type:

Payroll – Timesheets Payroll – Hours Proof Budget Transfers

AP – Traditional Payment AP – FPO P-Card AP – Purchase Orders

Printed Name: _____ Signature: _____

Authorization

Check each form type:

Payroll – Timesheets ☐ Payroll – Hours Proof ☐ Budget Transfers ☐

AP – Traditional Payment ☐ AP – FPO P-Card ☐ AP – Purchase Orders ☐

Printed Name: _____ Signature: _____