

Signature authority and responsibility for job roles involving the obligation and disbursement of State resources on behalf of its client agencies by the Central Services Bureau

Instructions

This form must be signed, as applicable, by

- · Both the Agency Approver (as Reguestor) and the Agency Head / Deputy Agency Head of the CSB client agency, or
- · Both the named CSB Accounting Specialist (as Requestor) and the CSB Manager

Agency approvers of CSB client agencies should email this completed form to the Central Services Bureau at csb@azdoa.gov or email it to their CSB Liaison. CSB personnel should forward the completed form to GAO Security (gaosecurity@azdoa.gov).

Agency	Date	
Requestor	EIN	
Signature	Phone	

Requestor Role

Agency Approvers without access to or necessary roles in AFIS / APP / HRIS / Travel Management or other automated systems involving the obligation or disbursement of State resources (Collected and Retained by the CSB)

CSB Personnel with one or many AFIS / APP / HRIS / Travel or other automated system roles involving the obligation or disbursement of State resources

(Collected and Retained by GAO Security)

Agency Head

CSB Accounting Specialist

Deputy Agency Head

Agency Chief Financial Officer

Other (Please Indicate Job Title on the Line Below)

Acknowledgement

By my signature above as an Agency Approver or CSB Personnel, I understand, acknowledge and agree that, whenever I authorize and/or approve a disbursement / payment / obligation / purchase / transfer / reimbursement / transaction, I am certifying to the best of my ability to do so and to the extent circumstances apply:

- It is for a valid public purpose; has been incurred in the conduct of official State business; complies with all applicable laws, statutes, rules and policies; and, is consistent with the provisions of governing contracts or grants, and
- It will not exceed appropriation, allotment, spending authority, available or anticipated grant proceeds, or expendable cash, and
- It is, when required, supported by appropriate and/or required documentation such as receipts, receiving tickets, purchase orders, invoices, etc., or by a memo explaining why said documentation is unavailable.
- With respect to payroll, the attendance reported for the period covered is correct and the employees paid have performed the required services reported, any payments to an employee in excess of eighty hours for a given pay period are authorized by the Arizona Revised Statutes, and any leave for which payment has been approved was available for the pay period under consideration.
- With respect to any form or report relating to any expenditure or related transaction (e.g., Forms 1099), that it, to the best of my knowledge, is accurate.

I further understand and agree that I have a responsibility to notify an appropriate authority if asked to approve or enter a disbursement / payment / obligation / transaction that does not appear to comply with the terms and conditions outlined above.

Agency Head, Deputy, CFO, or CSB Manager (for CSB Accounting Specialist)

Signature				EIN	Date	
Name		Title			Phone	

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