

# Signature Authority and Responsibility for Job Roles Involving Disbursements & Transfers

#### Instructions

This form must be signed by the employee accepting the specified job role(s), <u>and</u> the agency AFIS security administrator, <u>and</u> the agency head, deputy agency head, or the agency chief financial officer.

Complete forms must be submitted by either: UDOC in AFIS or email to gaosecurity@azdoa.gov.

Agency	Date	
Requestor	EIN	
Signature	Phone	

### Agency Role(s)

Disbursement Approvers with AFIS System Roles<br/>(Collected and Retained by GAO Security)Transfer Approvers with AFIS System Roles<br/>(Collected and Retained by GAO Security)

Department Accounts Payable Approver (DEPT\_AP\_APPR)

Department Accounts Payable Manager (DEPT\_AP\_MGR)

GAO AWR Manager (GAO AWR MGR)

GAO GAAP Manager (GAO GAAP MGR)

Treasury Accounts Payable Manager (TRA\_AP\_MGR)

Department-Internal-Transfers (DEPT\_TRNF\_MGR)

Department-External-Transfers (DEPT\_TRNF\_OTHR)

ADOT (DTA\_TRNF\_APPR)

ADA (ADA\_TRNF\_APPR)

**Disbursement/Invoice Approvers** with APP System Role (Collected and Retained by GAO Security)

Arizona Procurement Portal AP Supervisor (APP\_AP\_SPVSR)

## **Acknowledgment**

By my signature above in accepting the assigned job role(s), I understand, acknowledge and agree that, whenever I authorize and/or approve a disbursement / payment / obligation / transfer/ transaction, I am certifying to the best of my ability to do so,

- 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.

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 AFIS Security Administrator**

Signature				EIN	Date	
Name		Title			Phone	

# Agency Head, Deputy or CFO

Signature				EIN	Date	
Name		Title			Phone	

GAO-3DT (9/2022) Page 1 of 1