

ALTERNATE SYSTEM TRANSACTIONS TRANSMIT AUTHORIZATION

Agency Business Unit No.: _____

Agency Name: _____

The following individual is hereby authorized to transmit Alternate System Transactions for this agency. This authorization is to establish security in posting such expenditures.

*** Chief Fiscal/Finance Officer or Agency Director making the authorization:**

Name: _____ Title: _____
(Print)

Signature Date

I hereby certify that any Alternate System Transactions transmitted will, to the best of my knowledge, be authorized expenditures from the agency. (Ref.: Title 62, § 34.64) Furthermore, internal controls are implemented to insure the correctness of the data transmitted and with security over the access of this User I.D.

Authorized User:

User I.D.: _____

Name: _____ Title: _____
(Print)

Signature Date

*** Instructions:**

If the Chief Fiscal/Finance Officer is being authorized to transmit Alternate System Transactions, the authorization must be signed by the Agency Director. If the authorization is for another staff member, the authorization can be signed by either the Agency Director or the Chief Fiscal/Finance Officer.