AUTHORIZED SIGNATURE FORM — FY 2017-2018

DATE:_____ DISTRICT NAME:_____

COUNTY/DISTRICT NUMBER: _____

NAME AND SIGNATURE OF THE SUPERINTENDENT

For Reports or Forms Submitted to the Office of Finance

_____ _____ _____

PRINT OR TYPE NAME SIGNATURE E-MAIL ADDRESS

WOULD YOU LIKE TO BE INCLUDED IN THE SCHOOL BUSINESS OFFICIALS' EMAIL GROUP? ***YES*** ☐ ***NO*** ☐

NAME AND SIGNATURE OF ANY DESIGNEE(S)

For Reports or Forms Submitted to the Office of Finance

_____ _____ _____

PRINT OR TYPE NAME SIGNATURE E-MAIL ADDRESS

JOB TITLE: _____ *TELEPHONE #:* _____

_____ _____ _____

PRINT OR TYPE NAME SIGNATURE E-MAIL ADDRESS

JOB TITLE: _____ *TELEPHONE #:* _____

_____ _____ _____

PRINT OR TYPE NAME SIGNATURE E-MAIL ADDRESS

JOB TITLE: _____ *TELEPHONE #:* _____

_____ _____ _____

PRINT OR TYPE NAME SIGNATURE E-MAIL ADDRESS

JOB TITLE: _____ *TELEPHONE #:* _____

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S. C. Department of Education
Office of Finance-SAF
FORM: FIN-SAF