



Return completed original "wet" ink signature form to:  
School Business Advisory Services

**GOVERNING BOARD AUTHORIZED SIGNATURE FORM**

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Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Number of Board Members: \_\_\_\_

District: \_\_\_\_\_

Completed by: \_\_\_\_\_

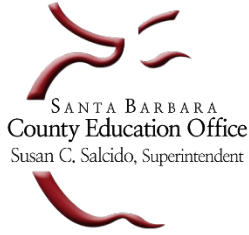
Title: \_\_\_\_\_

Board Member Signature	Typed Name

REFERENCE:  
EC§ 17604; 35161; 42632; 42633;  
70902; 85232; 85233; & 81655

**ATTACHMENT D**

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**AUTHORIZED SIGNATURES**  
**DISTRICT PERSONNEL APPROVED BY THE SUPERINTENDENT**  
**FOR RELEASE OF COMMERCIAL AND PAYROLL WARRANTS**

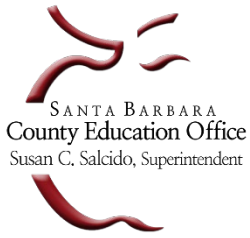
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**DISTRICT:** \_\_\_\_\_

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll

I certify that the names and signatures above are authorized district personnel who may receive warrants on behalf of our district.

**Superintendent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



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**CHANGES TO AUTHORIZED SIGNATURES**  
**DISTRICT PERSONNEL APPROVED BY THE SUPERINTENDENT**  
**FOR RELEASE OF COMMERCIAL AND PAYROLL WARRANTS**

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**DISTRICT:** \_\_\_\_\_

**ADDITIONS:**

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll

**DELETIONS:**

Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll

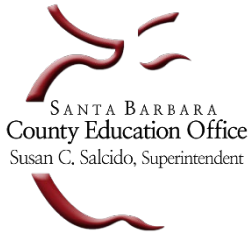
I certify that the above changes to authorized district personnel who may receive warrants on behalf of our district.

**Superintendent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: Please use this form if there are changes that occur after the organizational meeting in December.

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**AUTHORIZED SIGNATURES**  
**DISTRICT PERSONNEL APPROVED BY THE BOARD**  
**TO ACT AS DISTRICT AGENTS**



**DISTRICT:** \_\_\_\_\_

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll

I certify that the above individuals are authorized to act as agents of the governing board.

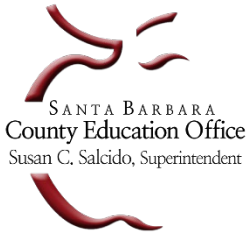
**Board President Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

REFERENCE:  
 K-12: EC§42632, 42633, 17604  
 COMMUNITY COLLEGE: EC§85232, 85233, 85655

**Note for Escape Financial System Users:** The district must have an active employee with access to Escape in order to authorize accounts payable. This form is needed in order to grant activity permissions necessary to authorize payments in Escape.

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**CHANGES TO AUTHORIZED SIGNATURES**  
**DISTRICT PERSONNEL APPROVED BY THE BOARD**  
**TO ACT AS DISTRICT AGENTS**



**DISTRICT:** \_\_\_\_\_

**ADDITIONS:**

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll

**DELETIONS:**

Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll

I certify that the above changes to authorized individuals to act as agents of the governing board.

**Board President's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Note for Escape Financial System Users: The district must have an active employee with access to Escape in order to authorize accounts payable. This form is needed in order to grant activity permissions necessary to authorize payments in Escape.

REFERENCE:  
K-12: EC§42632, 42633, 17604  
COMMUNITY COLLEGE: EC§85232, 85233, 85655

**Note:** Please use this form if there are changes that occur after the organizational meeting in December.

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**RESOLUTION OF THE GOVERNING BOARD  
DELEGATION OF GOVERNING BOARD POWERS DUTIES  
AUTHORITY TO MAKE CASH AND BUDGET TRANSFERS**

**Whereas**, Education Code Section 35161 provides that "The governing board of any school district may execute any powers delegated by law to it or to the district of which it is the governing board, and shall discharge any duty imposed by law upon it or upon the district of which it is the governing board..." and

**Whereas**, Education Code Section 35161 further provides that the governing board "...may delegate to an officer or employee of the district any of those powers or duties. The governing board, however, retains ultimate responsibility over the performance of those powers or duties so delegated;" and

**Whereas**, the governing board of the \_\_\_\_\_ recognizes that, while the authority provided in Education Code Section 35161 authorizes the board to delegate any of its powers and duties, the governing board retains the ultimate responsibility over the performance of those powers and duties; and

**Whereas**, the governing board further recognizes that where other Education Code provisions authorize a delegation of authority for a specific purpose, but impose restrictions on such delegated authority, these restrictions must be observed;

**Now, Therefore, Be It Resolved** that, in accordance with the authority provided in Education Code Section 35161, the governing board of the \_\_\_\_\_ hereby delegates to the following officers or employees of the district, the authority to make cash and budget transfers between and within district funds as necessary for the payment of obligations of the district effective from the date this resolution is passed through the year-end accrual phase without submitting the transfers as part of a specific board resolution.

_____ Authorized District Employee/Officer	_____ Authorized District Employee/Officer
_____ Authorized District Employee/Officer	_____ Authorized District Employee/Officer

**Passed and adopted** this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by the following vote:

**Ayes:**  
**Noes:**  
**Absent:**  
**Abstain:**

**Board President's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Note for Escape Financial System Users: The district must have an active employee with Escape access authorized to perform cash and budget transfers. This resolution is needed in order to grant activity permissions necessary to authorize certain budget and cash transfers (i.e., interfund cash transfers and deposits) in Escape.

REFERENCE:  
K-12: EC§35161