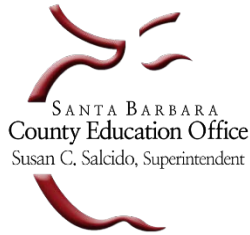


Return completed original "wet" ink signature form to:
School Business Advisory Services



CHARTER
GOVERNING BOARD MEMBER ORGANIZATION

CHARTER: _____

Name: _____ Title: **Board President**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) _____

Name: _____ Title: **Clerk**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) _____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) _____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) _____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) _____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) _____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) _____

The below named individual is the Secretary to the Board.

Name: _____ Title: **Secretary**
Address: _____ Zip: _____
Phone No.: _____

I certify that all the information provided herein is true and correct.

Board President's Signature: _____ Date: ____/____/____

REFERENCE:
EC§1010, 35025, 35250, 35143, 72000(B)(5)(C)(2)A,B,C
CSBA BOARD BYLAWS 9100, 9121, 9122

ATTACHMENT A



**CHARTER
GOVERNING BOARD AUTHORIZED
SIGNATURE FORM**

Today's date: ____/____/____ Number of Board Members: ____

District: _____

Completed by: _____

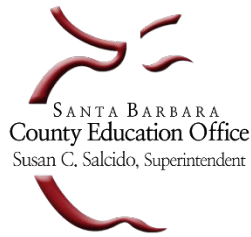
Title: _____

Board Member Signature	Typed Name

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

ATTACHMENT B

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



AUTHORIZED SIGNATURES
CHARTER PERSONNEL APPROVED BY THE BOARD
FOR RELEASE OF COMMERCIAL AND PAYROLL WARRANTS

CHARTER: _____

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.

Board President's Signature: _____ **Date:** ____/____/____

ATTACHMENT C



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

CHARTER: _____

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 warrants. This form is needed in order to grant activity permissions necessary to authorize payments in Escape.

ATTACHMENT D