

AUTHORIZED SIGNATURE FORM — FY 2015-2016

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

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: _____

PRINT OR TYPE NAME

SIGNATURE

E-MAIL ADDRESS

JOB TITLE: _____

PRINT OR TYPE NAME

SIGNATURE

E-MAIL ADDRESS

JOB TITLE: _____

PRINT OR TYPE NAME

SIGNATURE

E-MAIL ADDRESS

JOB TITLE: _____

Email:

kmoss@ed.sc.gov

S. C. Department of Education

Office of Finance-SAF

FORM: FIN-SAF