

State of Arizona Arizona Department of Administration General Accounting Office		Signature authority and responsibility for job roles involving the obligation and disbursement of State resources on behalf of its client agencies by the Central Services Bureau			
INSTRUCTIONS: This form must be signed, as applicable, by <ul style="list-style-type: none"> Both the Agency Approver and the Agency Head / Deputy Agency Head of the CSB client agency or Both the named CSB Accounting Specialist and the CSB Manager An Agency Head or Deputy Agency Head may sign as both the agency approver and as agency management at the bottom of this form. Agency approvers of CSB client agencies should forward this completed form to the Central Services Bureau at 1400 W. Washington St., Ste. 230, Phoenix, AZ 85007 or email it to their CSB Liaison. CSB personnel should forward the completed form, on paper or by scanned image, to GAO Security (gaosecurity@azdoa.gov).					
AGENCY NAME		AGENCY CODE		JOB ROLE CHANGE <input type="checkbox"/> ADD <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL ALL	
AGENCY APPROVER/CSB ACCOUNTING SPECIALIST NAME		EIN	EMPLOYEE EMAIL		EMPLOYEE PHONE
AGENCY APPROVER/CSB ACCOUNTING SPECIALIST SIGNATURE		SIGNATURE DATE		EFFECTIVE DATE	END DATE
AGENCY APPROVERS					
<i>Agency Approvers without access to or necessary roles in AFIS / APP / HRIS / Travel Management or other automated systems involving the obligation or disbursement of State resources (Collected and Retained by the CSB)</i>		By my signature as an Agency Approver , I understand, acknowledge and agree that, whenever I authorize and/or approve a disbursement / payment / obligation / purchase / transfer / reimbursement / transaction, I am certifying to the best of my ability to do so and to the extent circumstances apply: <ul style="list-style-type: none"> It is for a valid public purpose; has been incurred in the conduct of official State business; complies with all applicable laws, statutes, rules and policies; and, is consistent with the provisions of governing contracts or grants, and It will not exceed appropriation, allotment, spending authority, available or anticipated grant proceeds, or expendable cash, and It is, when required, supported by appropriate and/or required documentation such as receipts, receiving tickets, purchase orders, invoices, etc., or by a memo explaining why said documentation is unavailable, and With respect to payroll, the attendance reported for the period covered is correct and the employees paid have performed the required services reported, any payments to an employee in excess of eighty hours for a given pay period are authorized by the Arizona Revised Statutes, and any leave for which payment has been approved was available for the pay period under consideration. With respect to any form or report relating to any expenditure or related transaction (e.g., Forms 1099), that it, to the best of my knowledge, is accurate. I further understand and agree that I have a responsibility to notify an appropriate authority if asked to approve a disbursement / payment / obligation / purchase / transfer / reimbursement / transaction that does not appear to comply with the terms and conditions outlined above.			
<input type="checkbox"/> Agency Head <input type="checkbox"/> Deputy Agency Head <input type="checkbox"/> Agency Chief Financial Officer <input type="checkbox"/> Other (Please Indicate Job Title on the Line Below) _____					
CENTRAL SERVICES BUREAU (CSB) Personnel					
<i>CSB Personnel with one or many AFIS / APP / HRIS / Travel or other automated system roles involving the obligation or disbursement of State resources (Collected and Retained by GAO Security)</i>		By my signature as CSB Accounting Specialist , I understand, acknowledge and agree that, whenever I authorize and/or approve a disbursement / payment / obligation / purchase / transfer / reimbursement / transaction, I am certifying to the best of my ability to do so: <ul style="list-style-type: none"> In the absence of personal familiarity with the disbursement / payment / obligation / purchase / transfer / reimbursement / transaction, I am relying upon the certification of another with the appropriate knowledge and authority who can and has substantially made the assertions listed above. I further understand and agree that I have a responsibility to notify an appropriate authority if asked to enter a disbursement / payment / obligation / purchase / transfer / reimbursement / transaction that does not appear to comply with any of the terms and conditions outlined in the preceding section.			
<input type="checkbox"/> CSB Accounting Specialist					
CSB MANAGER APPROVAL					
SIGNATURE		DATE			
SIGNATURE OF AGENCY HEAD OR DEPUTY (Required for Agency Approver Applications, Even if Signed Above; NOT Required for CSB Accounting Specialist Applications)					
NAME		TITLE		PHONE	
SIGNATURE		EIN	DATE	EMAIL	