

# ARIZONA

DEPARTMENT OF ADMINISTRATION  
GENERAL ACCOUNTING

## SIGNATURE AUTHORITY AND RESPONSIBILITY FOR JOB ROLES INVOLVING DISBURSEMENTS & TRANSFERS

### INSTRUCTIONS

This form must be signed by the employee accepting the specified job role(s) (except in the case of cancellations), and the agency AFIS security administrator, and the agency head, deputy agency head, or the agency chief financial officer.

**Complete forms must be submitted by either: UDOC in AFIS or email to [gaosecurity@azdoa.gov](mailto:gaosecurity@azdoa.gov).**

Job Role Change	Employee Name	EIN	Email	
Add				
Modify	Agency Code	Agency Name	Agency Section / Division	
Cancel All				
Effective Date	End Date	Employee Signature	Date	Phone

### AGENCY ROLE(S)

#### **Disbursement Approvers with AFIS System Roles** (Collected and Retained by GAO Security)

- Department Accounts Payable Approver (DEPT\_AP\_APPR)
- Department Accounts Payable Manager (DEPT\_AP\_MGR)
- GAO AWR Manager (GAO\_AWR\_MGR)
- GAO GAAP Manager (GAO\_GAAP\_MGR)
- Treasury Accounts Payable Manager (TRA\_AP\_MGR)

#### **Transfer Approvers with AFIS System Roles** (Collected and Retained by GAO Security)

- Department-Internal-Transfers (DEPT\_TRNF\_MGR)
- Department-External-Transfers (DEPT\_TRNF\_OTHR)
- ADOT (DTA\_TRNF\_APPR)
- ADA (ADA\_TRNF\_APPR)

#### **Disbursement/Invoice Approvers with APP System Role** (Collected and Retained by GAO Security)

- Arizona Procurement Portal AP Supervisor (APP\_AP\_SPVSR)

By my signature above in accepting the assigned job role(s), I understand, acknowledge and agree that, whenever I authorize and/or approve a disbursement / payment / obligation / transfer/ transaction, I am certifying to the best of my ability to do so,

- 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.

I further understand and agree that I have a responsibility to notify an appropriate authority if asked to approve or enter a disbursement / payment / obligation / transaction that does not appear to comply with the terms and conditions outlined above.

### AGENCY AFIS SECURITY ADMINISTRATOR

EIN	Name	Signature	Date	Phone
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### AGENCY HEAD, DEPUTY, OR CFO

EIN	Name	Signature	Date	Phone
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