



ANITA LOPEZ LUCAS COUNTY AUDITOR

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VOUCHER APPROVAL

AUTHORIZED APPROVERS LIST FOR DISBURSEMENT DEPARTMENT

The following individual(s) are authorized to approve vouchers for our agency in my absence

		Signature
Name: _____	Title: _____	_____
Name: _____	Title: _____	_____
Name: _____	Title: _____	_____
Name: _____	Title: _____	_____
Name: _____	Title: _____	_____
Name: _____	Title: _____	_____

Number of signatures required in my (our) absence ____

Name of Agency/Department: _____

Department Head or Official Name: _____

Signature

Phone # _____ or Extension: _____ Date: _____
Numbers only