



Frank J. Gliha

Geauga County Auditor

Accounting Forms Authorization Form

The following employees are authorized to sign their name and or the Elected Official's name or Departments Head's name on the Department Head line on all Accounting Forms.

Department: _____

Fund or Funds: _____

Name (print)	Title	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Authorized by: _____
(Print)

Date: _____

(Signature)

* May only be signed by Elected Officials or Board President.

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