TOWN OF DIGHTON

PAYMENT DESIGNATION AUTHORIZATION FORM

DATE: ____________________________

DEPARTMENT NUMBER(S): ____________________________________________

DEPARTMENT NAME(S): ____________________________________________

The person(s) listed below is (are) hereby individually (or as noted) designated to approve payrolls and/or bills for payment for the department listed above.

DESIGNATED PERSON(S):  SPECIAL NOTATIONS:
  Signature: ____________________________
  ______________________________________
  ______________________________________
  ______________________________________
  ______________________________________
  ______________________________________
  ______________________________________
  ______________________________________
  ______________________________________

DEPARTMENT HEAD/BOARD/COMMITTEE MEMBER APPROVAL:
  Signature: ____________________________  Printed Name: ____________________________
  ______________________________________  ______________________________________
  ______________________________________  ______________________________________
  ______________________________________  ______________________________________
  ______________________________________  ______________________________________
  ______________________________________  ______________________________________
  ______________________________________  ______________________________________

(per City & Town, January 5, 2017 edition, page 4-"The board or committee may not designate a person to act for it who is not one of its members.")

FORWARD ORIGINAL TO THE TOWN ACCOUNTANT
Cc: TOWN CLERK

(Rev. January 2017)