

Department of Health & Mental Hygiene
Office of Finance
**DESIGNATION OF AUTHORITY TO APPROVE FINANCIAL DOCUMENTS
(SIGNATURE CARD)**

Appropriation No (5 Digit Code): _____ **Unit/Agency Title:** _____

Instructions: This form must be completed for each individual authorized to approve financial transactions (FUNCTION). Electronically complete, print, sign, and e-mail Signature Card. **Signature Card document must be named as follows “Appropriation Number_Signer’s Full Name_Effective Date” and emailed to DHMH.SIGNATURE_CARD@MARYLAND.GOV. In the e-mail Subject line, please write Signature Card Form and your administration's appropriation code.**

Select Position: EXECUTIVE DIRECTOR FINANCE DIRECTOR FISCAL PROXY

***FUNCTION LEGEND**

AP (Accounts Payable) = Authorize refunds, payments to vendors (i.e. PO’s, BPOs; direct vouchers), expense accounts, Interagency Payments, disbursements electronically interfaced to FMIS

AR (Accounts Receivable) = Requests to establish, reduce or cancel customer’s invoices

JE (Journal Entries) = Journal entries (i.e. interagency transfers, accruals)

WF (Working Fund) = Working fund request, travel advances

FUNCTION
(Check all that apply)

Print Name and Title	Sample Signature and Initials	A P	A R	J E	W F

Telephone No.: _____ Email address: _____

Authority to Approve Financial Transactions: The individual signing above has direct authority and related responsibility to authorize transactions for the “Function” checked above. This individual is knowledgeable and will follow the policies and procedures established, by the Office of Finance and the Comptroller of Maryland’s General Accounting Division, for the function(s) to which they are being granted authority.

Printed Agency Head:

Signature of Agency Head: _____ **Effective Date:** _____

(NOT VALID WITHOUT SIGNATURE)