

INSTRUCTION FOR COMPLETION AND SUBMISSION OF SIGNATURE CARDS

In order to automate our processes to ensure that the appropriate individuals are signing off on accounts payable payblocks, journal entries, working fund requests and expense reports, DHMH's Office of Finance has created and shared a centralized Google spreadsheet entitled "DHMH Signature Card Log" to digitally assemble all authorized signatures, which will be shared with you immediately following this email. This workbook will reduce our reliance on inter-office mail, will ensure appropriate sign off for financial transactions, will speed up our turnaround time for on-boarding new employees to our fiscal processes, and will better bring us into compliance with OLA directives to both centralize and automate our inventory of approval authorities.

To meet this end, we are asking each administration (defined as each 8 digit budget code, e.g. M00A0101) to complete the attached "Signature Card Form" for the Executive Director or equivalent, the Finance Director or equivalent, and up to 6 Fiscal Proxies, the latter of which can be used in lieu of the Executive Director or Finance Director when submitting financial transaction requests.

The signatories of the Signature Card Form should be members of management/financial management and should be at least a grade 15 or higher. By the Executive Director or equivalent signing these forms, the individual noted has the authority to request transactions, (i.e. accounts payable, accounts receivable, working fund requests and journal entries).

Electronically complete, then print, sign, and e-mail Signature Card Form. **Signature Card Form document must be named as follows: "Appropriation Number_Signer's Full Name_Effective Date" and emailed to MDH.SIGNATURE_CARD@MARYLAND.GOV. In the email Subject line, please write Signature Card Form and your administration's appropriation code, e.g. M00A0101 not 32.01.01.xx.** The Office of Finance will upload the Signature Card Form pdf into the spreadsheet (DHMH Signature Card Log) as a view able hyperlink so that all relevant parties can easily view the signature of those who have approval authorization. In order that relevant parties, other than yourself, can view "DHMH Signature Card Log" you must share it. The Office of Finance and others, internal and external to your unit, must reference this Google spreadsheet each time a financial transaction request is submitted to them. If the transaction does not bear the signature of an individual authorized to approve the transaction type (per Google spreadsheet link), the financial transaction request must be sent back to the submitter (e.g. an individual must check the box marked "Journal Entries" on the form to gain approval rights to sign journal entries). Also, deficient financial transaction documents will be returned to the authorized signer.

If you will be approving documentation for several appropriation numbers you will need a signature card for **EACH** appropriation number. We cannot accept one signature card for multiple appropriations.

Every six months, the Office of Finance will send an email requesting that the centralized Google spreadsheet, "DHMH Signature Card Log", be reviewed for accuracy. In between the semi-annual review requests, administrations may submit a "Signature Card Form" to MDH.SIGNATURE_CARD@MARYLAND.GOV at any time to reflect a new hire or a change in delegated authority. However, the removal of an individual does not require submitting an additional signature card and should be done via an email to MDH.SIGNATURE_CARD@MARYLAND.GOV. Please note all Signature Card Forms require the Executive Director or equivalent's signature. They will need to print as well as sign their names to each individual's signature card under their appropriation authority.

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 MDH.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)