



PAY CHECK PICK UP AUTHORIZATION

DATE

DEPARTMENT NAME

DEPARTMENT NUMBER(S)

	Typed Name	Signature
1.	<input type="text"/>	1. _____
2.	<input type="text"/>	2. _____
3.	<input type="text"/>	3. _____
4.	<input type="text"/>	4. _____

I authorize the above name individuals to pick pay warrants for the departments indicated above.
I certify that I have review internal control requirements and none of the above individuals have duties that would create internal control conflicts.

Department Chair Name

Department Chair Signature _____

Note: Form will be replaced when changes are required. Missing signatures will invalidate the individual.