



State of Ohio Office of Budget and Management
30 East Broad Street Columbus, Ohio 43266-0411

January 2, 2004

MEMORANDUM TO: Fiscal Officers of All Offices, Agencies,
Department, Boards, and Commissions

FROM: Kevin Milstead, Administrator
State Accounting 

SUBJECT: Signature Authorizations

All agencies, including the offices of elected officials, must have accurate signature authorization forms on file with State Accounting. Only the agency head, director, elected, or duly appointed state officer may designate individuals to sign or initial encumbering and disbursement documents.

Attached are six **required** signature authorization forms and an **optional** CAS automatic signature print form. The six required signature authorization forms replace all other such forms, including the payroll authorization form. Completion of these forms will fulfill your agency or office obligation to update these files annually. Agencies are also responsible for submitting forms to State Accounting when the director or appointing authority changes and whenever an authorization name needs to be added or deleted because of a change in agency personnel. The six forms attached are as follows:

- *Chief Fiscal Officer Designation and Signature Authorization for Vouchers.* This form serves two functions: 1) it lists the employee names, signatures, and initials of those authorized to sign vouchers submitted to OBM/State Accounting for payment, and 2) it designates a person as Chief Fiscal Officer. This person is then the sole individual authorized to make such requests as changes to CAS security, CAS terminal genning, journal entry adjustments, and system overrides.
- *Signature Authorization for Encumbering Documents.* Lists the employee names, signatures, and initials of those authorized to sign encumbering documents submitted to OBM/State Accounting.
- *Payroll Voucher Authorization and Certification.* Lists the employee names, signatures, and initials authorized to sign payroll certification and authorization vouchers submitted to DAS and OBM/State Accounting.
- *CAS Automatic Signature Print.* Central Accounting System offers the capability of printing a name and title in the "Signature" and "Title" blocks of both the voucher and purchase order. To take advantage of this feature, complete this form. Include the name to be printed in the "Signature" block, exactly as it is to be printed, and the person's title. This printed signature must be initialed by an individual listed on the respective authorization forms. There can only be one name assigned per agency. Prior to implementing voucher print with automatic printing of an agency designated name and title, proper internal controls should be established to ensure the feature is not abused.

- *Payment Card Administrator and Assistant Administrator Designations.* This form is issued to designate a Payment Card Administrator and Assistant Administrator. These individuals will establish and maintain the Payment Card program for their agency.
- *Approval Authorization for Electronic Data Exchange (EDI) Program.* List the names of employees authorized to approve EDI payment vouchers in the Central Accounting System (CAS) for the agency head or duly appointed state officer.
- *State Accounting's Agency Contacts.* This form updates your agency contact information for State Accounting. Please note that the Chief Fiscal Officer is the only person authorized to sign CAS Security Applications.

Please complete and return the required signature authorization forms as soon as possible, but no later than February 6, 2004. You may direct any questions regarding this matter to Carolyn Harvey at (614) 466-6674.

Attachments

Name of Agency, University, Board or Commission

CAS Agency Code

CHIEF FISCAL OFFICER DESIGNATION

It is hereby certified that _____ is the Chief Fiscal Officer for this agency, and the signatures appearing below were made in my presence this

_____ day of _____, 20____.

Signature of agency head or other elected or duly appointed state officer.

SIGNATURE AUTHORIZATION FOR VOUCHER DOCUMENTS

The following employees have been designated and authorized to sign for the agency head or other elected or duly appointed state officer vouchers submitted to OBM/State Accounting for payment. This authorization is effective as of this date. Anytime changes are made, a new authorization must be submitted. Mailing instructions are below.

(A) Type or print name or names of employees authorized to sign or initial the system printed name or signature below.	(B) Authorized employees sign the agency head's name as it appears below.	(C) Initials of authorized employees as they will appear beside the signature in Column "B"
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ day of _____, 20____.

Signature of agency head or other elected or duly appointed state officer.

Return voucher authorizations to:
Office of Budget and Management
State Accounting Division
Attn: Carolyn Harvey
30 East Broad Street, 34th Floor
Columbus, Ohio 43215

Name of Agency, University, Board or Commission

CAS Agency Code

SIGNATURE AUTHORIZATION FOR PAYROLL
AUTHORIZATION AND CERTIFICATION VOUCHER DOCUMENTS

The following employees have been designated and authorized to sign for the Appointing Authority for payroll certification and authorization vouchers submitted to DAS and OBM/State Accounting for payment. This authorization is effective as of this date. Anytime changes are made, a new authorization must be submitted. Mailing instructions are below.

(A)	(B)	(C)
Type or print name or names of employees authorized to sign or initial signature below.	Authorized employees sign the agency head's name as it appears below.	Initials of authorized employees as they will appear beside the signature in Column "B"
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ day of _____, 20____.

Signature of agency head or other elected or duly appointed state officer.

Return payroll voucher authorizations to:
Office of Budget and Management
State Accounting Division
Attn: Carolyn Harvey
30 East Broad Street, 34th Floor
Columbus, Ohio 43215

Name of Agency, University, Board or Commission

CAS Agency Code

CAS AUTOMATIC SIGNATURE PRINT FOR CAS VOUCHERS AND PURCHASE ORDERS

The name and title listed below have been designated as the authorized signature for printing on CAS vouchers and purchase orders effective as of this date.

Name (30 Characters)

Title (30 Characters)

Bill to Address: (Optional)

(30 Characters Per Line)

Ship to Address: (Optional)

(30 Characters Per Line)

It is hereby certified that I authorized the printing of the above name and title to approve purchase orders and vouchers for payments. Internal controls have been established to ensure this feature is not abused.

_____ date of _____, 20_____.

Signature of agency head or other elected or duly appointed state officer.

Return automatic signature authorizations to:

Office of Budget and Management
State Accounting Division
Attn: Carolyn Harvey
30 East Broad Street, 34th Floor
Columbus, Ohio 43215

Name of Agency, University, Board or Commission

CAS Agency Code

PAYMENT CARD ADMINISTRATOR AND ASSISTANT ADMINISTRATOR DESIGNATIONS

In order to implement the Payment Card Program, it is necessary for each agency director to designate one Payment Card Administrator and one Payment Card Assistant Administrator to establish and manage the program. The following are the primary responsibilities of the Payment Card Administrator:

- Approves agency selection of cardholders. Seeks approval from OBM for agency approved cardholders. OBM will approve only cardholders that are approved by an authorized Payment Card Administrator or Payment Card Assistant Administrator.
- Approves Central Accounting System (CAS) security forms for designation and authorization of employees who approve payment card electronic vouchers for payment.
- Ensures timely payment within CAS of payment card electronic vouchers.
- Distributes issued cards to individual cardholders.
- Ensures all documentation supporting cardholder transactions is maintained.
- Provides confirmation monthly to OBM that monthly reconciliations have been completed.
- Helps cardholders, supervisors, and accounting personnel in determining restrictions and limits for each cardholder. Signs off on these limits along with the supervisor of each cardholder.
- Oversees the agency's policies and procedures for the payment card program.
- Reviews reports periodically to assure that prompt payments are being maintained and that no inappropriate activity has been recorded or attempted.
- Schedules training for new cardholders. Confirms each new cardholder's understanding of internal and statewide purchasing procedures.

It is hereby certified that _____ is the Payment Card Administrator and that
_____ Assistant Payment Card Administrator for this agency this
_____ day of _____, 20__.

Signature of agency head or other elected or duly appointed state officer.

Return Payment Card Designations to:

Office of Budget and Management
State Accounting Division
Attn: Carolyn Harvey
30 East Broad Street, 34th Floor
Columbus, Ohio 43215

OBM'S AGENCY CONTACTS

Agency, Board, or Commission

Agency CAS Code _____

Agency Name:
Address:
City, State Zip Code:

Director

Name:
Phone:
E-Mail Address:
Fax:
Assistant's Name and Number:
E-Mail Address:

Assistant Director

Name:
Phone:
Fax:
E-Mail Address:

Chief Fiscal Officer

Name:
Phone:
Fax:
E-Mail Address:

This person will receive official correspondence from State Accounting and must be the same person identified as the Chief Fiscal Officer on your chief fiscal officer designation form. This person is the only one authorized to sign CAS security applications for the agency.

Secondary Fiscal Staff Member

Name:
Phone:
Fax:
E-Mail Address:

Chief Budget Officer

Name:
Phone:
Fax:
E-Mail Address:

Controlling Board Contact

Name:
Phone:
Fax:
E-Mail Address:

Chief Legal Counsel

Name:
Phone:
Fax:
E-Mail Address:

Data System Administrator

Name:
Phone:
Fax:
E-Mail Address:

EDI Coordinator

Name:
Phone:
Fax:
E-Mail Address:

GAAP Coordinator

Name:
Phone:
Fax:
E-Mail Address:

IACP Coordinator

Name:
Phone:
Fax:
E-Mail Address:

Contact for CAS Training

Name:
Phone:
Fax:
E-Mail Address:

Contact for Workflow Administrator

Name:
Phone:
Fax:
E-Mail Address:

CAS Status (check one)

- On-line for data entry and inquiry
- On-line for inquiry only
- Off-line (no access to CAS)
- DAS/Central Services agency, board, or commission

Agency 1099 Contact*

Contact Person:
Phone:
Fax:
E-Mail Address:

This should be a person who can answer vendors' questions about payments the agency made to vendors

*IRS 1099 forms mailed to selected vendors after the close of a calendar year will show the information above. Please indicate how 1099s for your agency's vendors should be printed.

_____ day of _____, 20_____.

Signature of agency head or other elected or duly appointed state officer.

Return State Accounting Agency Contacts to:
Office of Budget and Management
State Accounting Division
ATTN: Carolyn Harvey
30 E. Broad Street, 34th Floor
Columbus, OH 43215