



Agency Authorization for the Pickup of State Warrants

Section 1 - Agency Contact Information

Agency _____ Date _____

Authorized By _____ Title _____

Signature _____ Phone _____

E-mail _____

The following employee(s) whose signature(s) appear below are authorized by our agency to pick up state warrants from the Office of Budget and Management for **Maintenance or Payroll or both**.

Section 2 - Authorized Employees (Please check all boxes pertaining to each employee's authorization)

Maintenance	Payroll	Employee(s) Name	Employee(s) Signature
<input type="checkbox"/>	<input type="checkbox"/>	1. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	2. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	3. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	4. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	5. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	6. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	7. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	8. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	9. _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	10. _____	_____

Submit To: Office of Budget and Management Payment Issuance Unit 30 E. Broad St., 34th Floor Columbus, OH 43215	Questions? Please Contact Us: Phone : 1-614-466-4034 Fax: 1-614-485-1011 Website: OBM.Ohio.Gov
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