



OBM

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
Email: OBM.PaymentIssuance@OBM.Ohio.Gov
Fax: 1-614-485-1011
Website: OBM.Ohio.Gov