



Marysville School District

Finance Office

SIGNATURE STAMP USE AUTHORIZATION FORM

A reminder to staff, administrators and directors must sign off on expenses being charged to their responsibility code.

This form is to be completed, and filed with the District Finance office if you desire to use a signature stamp for authorizing your approvals by another staff member.

Date: _____

Print Your Name

Please stamp your Signature Stamp in the box below

Who is authorized to use your signature stamp?

Print Name:

Signed Initials:

Your Approval Signature

District Title

Reminder to authorized user:

Be sure to use your initials, when using the signature stamp.

Be sure signature stamp is kept in a secure locked place.

*** Please return original to Accounts Payable once completed. ***