

Energy CSBG

Agency Information

Agency Name: _____ Agency Code: _____ County: _____
Agency Telephone Number: _____ FAX Number: _____
Agency Contact Person: _____ E-Mail Address: _____

Expenditure Reports – Authorized Approvers

Using only **BLUE** or **BLACK** ink, please provide the **first, last name, e-mail** and **signature** of those individuals authorized to approve CSD’s Expenditure Reports. Signature samples should be limited to staff currently authorized to sign expenditure reports. **Print this form and apply signatory signatures and forward via mail and email to:**

Department of Community Services and Development
Information Technology Services Unit
2389 Gateway Oaks Dr., Suite 100
Sacramento, CA 95833-4245
Attn: ITS Help Desk
Email: IT.Support@csd.ca.gov

Note: Signatures must stay within the perimeter of the box provided. **Signatures outside of the perimeter will be returned for correction and resubmission.**

1. First Name: _____ Last Name: _____
E-Mail: _____

Activate

Delete

Signature 1

2. First Name: _____ Last Name: _____
E-Mail: _____

Activate

Delete

Signature 2

3. First Name: _____ Last Name: _____
E-Mail: _____

Activate

Delete

Signature 3

Director’s Signature: _____ **Title:** _____ **Date:** _____

Instructions for Completion

Agency Information: All fields to be completed by the requesting Agency.

Expenditure Reports – Authorized Approvers: Provide the first, last name, email address and signature of those individuals authorized to approve CSD's Expenditure Reports.

Submit form by email and via US Postal services

CSD Responsibility

Upon completion, CSD ITS will email the submitter and all named approvers that the signatures are ready for use.

If there is, a problem with the submitted form CSD will contact the Energy Help Desk, agency contact and the signatory to address the form problems.