



Virginia Department of Accounts
Financial Accountability. Reporting Excellence.

Fiscal Officer Proxy for Payroll Certifications

To: State Payroll Operations
Department of Accounts
Fax: (804) 225-3499
Email: payroll@doa.virginia.gov

Agency Name: _____

Agency Number: _____

I, _____, Fiscal Officer approve the individual(s) below to provide certification for payroll reconciliations (e.g., Health Care, Quarterly, Calendar Year End) on my behalf during times of my absence or at my direction. When signing my proxy will use the format: proxy signature "on behalf of" my name. I recognize I am still accountable for the information presented to State Payroll Operations.

Proxy 1:

(Printed Name)

(Signature)

Proxy 2:

(Printed Name)

(Signature)

Signature of Agency Fiscal Officer: _____

Date: _____