

Authorized Signatories

Fiscal Year:		Agency Name:		Agency No.:	
Agency Address:				Control Agency No.:	
Fiscal Officer:		Phone No:		Fax No.:	
Fiscal Officer E-Mail Address:			Fiscal Officer Signature:		

Cardinal Acknowledgement: *The Cardinal Security Officers (CSOs) listed herein have been granted authority to add and delete users in Cardinal that are both preparers and approvers of transactions in Cardinal. Persons granted select approver roles in Cardinal have the authority to approve and release revenue, and expenditure documents and transactions for this agency, department or institution. The Head of agency, department, or institution, Fiscal Officer, Cardinal Security Officers, and Payroll Security Officers understand that by approving a transaction in Cardinal (via online or via interface transmission), the agency, department or institution and its employees and agents agree to the certifications contained in the Commonwealth Policy and Procedure (CAPP) Manual for the applicable transaction. Additionally, the CSOs, by signing below, agree to adhere to CAPP Topic No. 70220, Cardinal Security, and the Cardinal Security Handbook.*

DOA Payroll Service Bureau (Participating Agency) Yes No

As a participating agency, the employees whose signatures appear on Form PSB-01-001, Authorized Parties for CIPPS Payroll Certification Entry, are authorized to enter the CIPPS Payroll Certification details on behalf of the parties authorized to certify payroll for this agency, department or institution.

Head of Agency, Department or Institution

Print Name:		Signature:	
Title:		Date:	
Agency Head Phone No.:		Agency Head E-Mail Address:	

(This form remains effective through the end of the designated fiscal year).

<u>Print Name:</u>	<u>Title:</u>	C	P	<u>Signature:</u>
	Primary Cardinal Security Officer	X		
Phone:	E-mail:			
	Secondary Cardinal Security Officer	X		
Phone:	E-mail:			
	Payroll Security Officer		X	
Phone:	E-mail:			
	Payroll Security Officer		X	
Phone:	E-mail:			

(Two Cardinal Security Officers (CSO) and two Payroll Security Officers (PSO) must be designated)

Return Completed Signature Card with Original Signatures to DOA, ComplianceAssurance@doa.virginia.gov.