



TOWN OF DIGHTON

PAYMENT DESIGNATION AUTHORIZATION FORM

DATE: _____

DEPARTMENT NUMBER(S): _____

DEPARTMENT NAME(S): _____

The person(s) listed below is (are) hereby individually (or as noted) designated to approve payrolls and/or bills for payment for the department listed above.

DESIGNATED PERSON(S):

Signature:

SPECIAL NOTATIONS:

DEPARTMENT HEAD/BOARD/COMMITTEE MEMBER APPROVAL:

Signature:

Printed Name:

(per City & Town, January 5, 2017 edition, page 4-" The board or committee may not designate a person to act for it who is not one of its members.")

FORWARD ORIGINAL TO THE TOWN ACCOUNTANT

Cc: TOWN CLERK

(Rev. January 2017)