



TOWN OF DIGHTON

PAYMENT DESIGNATION AUTHORIZATION FORM

DATE: _____

DEPARTMENT NUMBER: _____

DEPARTMENT NAME: _____

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

DESIGNATED PERSON(S):

SPECIAL NOTATIONS:

BOARD MEMBER APPROVAL:

**FORWARD ORIGINAL TO THE TOWN ACCOUNTANT
Cc: TOWN CLERK**