



## California Automated Travel Expense Reimbursement System

### Signature Authorization

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Signature Authorization forms must be submitted for department representatives authorized to sign and submit department administrative forms on behalf of the department. Department administrative forms include the following:

- Privilege Request
- ER Policy Request
- TA Policy Request
- Help Desk Contacts
- ORF Reimbursement
- Table Submission
- System Authorization

Department administration forms must be signed by an authorized department representative. Forms will only be processed when a Signature Authorization form is on file with the Controller's Office.

Mail completed and signed forms to the following:

**State Controller's Office**

Attn: CalATERS  
Personnel/Payroll Services Division  
300 Capitol Mall, Room 1019  
Sacramento, CA 95814



**California Automated Travel Expense Reimbursement System  
Signature Authorization**

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**Department Name:** \_\_\_\_\_

**UCM Organization Code:** \_\_\_\_\_

Action (Add/Delete)	
Effective Date	
Department Representative (Name)	
Title	
Signature	

**Department representative is authorized to sign the following forms:**

- Privilege Request
- ER Policy Request
- TA Policy Request
- Help Desk Contacts
- ORF Reimbursement
- Table Submission
- System Authorization

**Accounting Administrator (Print Name)::** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_