



GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION



SIGNATURE OF AUTHORIZING OFFICIALS

MEMORANDUM

Date: _____

To: DIRECTOR, Department of Administration

From: _____

Subject: Signatures of **Authorizing Officials**

☐ First submission

☐ Supersede Number _____

Dept/Div No. _____

Fiscal Year _____

Per the Department of Administration Organizational Circular 03-011 dated January 03, 2003, which complies with §14107 of Chapter 14 of Title 4 of the Guam Code Annotated, we are submitting the following signature specimens of our primary and alternate Authorizing Officers.

Initials

PRIMARY	Signature	
	Full Name/Title:	

ALTERNATE (1)	Signature	
	Full Name/Title:	

ALTERNATE (2)	Signature	
	Full Name/Title:	

ALTERNATE (3)	Signature	
	Full Name/Title:	

ALTERNATE (4)	Signature	
	Full Name/Title:	

The above affixed signatures are the only official's names to be honored. In the event that the Primary Authorized Official is absent, the sequence of Alternate Authorized Officials will be followed. Receipt of any document bearing a signature other than those listed above must be brought to my department/agency's immediate attention. Please contact my office at:

DEPARTMENT / AGENCY HEAD

Note to user: Please block out unused blank lines provided for Alternate Certifying Officials in order to safeguard the intended purpose of this form.

Copy to: BBMR, GSA, Payroll Branch, Treasurer of Guam, Quality Control Section, and Division of Account's Staff