



GOVERNMENT OF GUAM  
DEPARTMENT OF ADMINISTRATION



SIGNATURE OF CERTIFYING OFFICER

MEMORANDUM

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

To: DIRECTOR, Department of Administration

From: \_\_\_\_\_

Subject: Signatures of **Certifying Officer**

☐ 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 Certifying 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 hereby authorized to sign official documentation with respect to the availability of funds for our department/agency. This updated document supercedes previous appointments of certifying officers and alternates. In the event that the Primary Certifying Officer is absent, the Alternate Certifying Officers will be followed in sequential order. If any further clarification or information is needed, please do not hesitate to contact me at any of the following number(s):

\_\_\_\_\_

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