



CHARTER GOVERNING BOARD MEMBER ORGANIZATION

CHARTER: _____

Name: _____ Title: **Board President**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Clerk**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

The below named individual is the Secretary to the Board.

Name: _____ Title: **Secretary**
Address: _____ Zip: _____
Phone No.: _____

I certify that all the information provided herein is true and correct.

Board President's Signature: _____ Date: ____/____/____

REFERENCE:
EC§ 1010, 35025, 35250, 35143, 72000(B)(5)(C)(2)A,B,C
CSBA BOARD BYLAWS 9100, 9121, 9122

ATTACHMENT A



**CHARTER
GOVERNING BOARD AUTHORIZED
SIGNATURE FORM**

Today's date: ___/___/___ Number of Board Members: _____

District: _____

Completed by: _____

Title: _____

Board Member Signature	Typed Name

Return completed form to:

School Business Advisory Services
Santa Barbara County Education Office

REFERENCE:
EC§ 17604; 35161; 42632; 42633;
70902; 85232; 85233; & 81655

ATTACHMENT B



AUTHORIZED SIGNATURES
CHARTER PERSONNEL APPROVED BY THE BOARD
FOR RELEASE OF COMMERCIAL AND PAYROLL WARRANTS

CHARTER: _____

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll

I certify that the names and signatures above are authorized district personnel who may receive warrants on behalf of our district.

Board President's Signature: _____ Date: ____/____/____



CHARTER
CHANGES TO AUTHORIZED SIGNATURES
PERSONNEL APPROVED BY THE BOARD
FOR RELEASE OF COMMERCIAL AND PAYROLL WARRANTS

CHARTER: _____

ADDITIONS:

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll

DELETIONS:

Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll
Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Payroll

I certify that the above changes to authorized district personnel who may receive warrants on behalf of our district.

Board President's Signature: _____ Date: ____/____/____

Note: Please use this form if there are changes that occur throughout the year.



**CHARTER AUTHORIZED SIGNATURES
PERSONNEL APPROVED BY THE BOARD
TO ACT AS DISTRICT AGENTS**

CHARTER: _____

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll

I certify that the above individuals are authorized to act as agents of the governing board.

Board President Signature: _____ Date: ____/____/____

REFERENCE:
 K-12: EC§42632, 42633, 17604
 COMMUNITY COLLEGE: EC§85232, 85233, 85655

Note for Escape Financial System Users: The district must have an active employee with access to Escape in order to authorize accounts payable warrants. This form is needed in order to grant activity permissions necessary to authorize payments in Escape.



CHANGES TO AUTHORIZED SIGNATURES
CHARTER PERSONNEL APPROVED BY THE BOARD
TO ACT AS DISTRICT AGENTS

CHARTER: _____

ADDITIONS:

Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Signature _____ Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll

DELETIONS:

Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll
Typed Name/Title _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Contracts <input type="checkbox"/> Payroll

I certify that the above changes to authorized individuals to act as agents of the governing board.

Board President's Signature: _____ Date: ____/____/____

Note for Escape Financial System Users: The district must have an active employee with access to Escape in order to authorize accounts payable warrants. This form is needed in order to grant activity permissions necessary to authorize payments in Escape.

REFERENCE:
 K-12: EC§42632, 42633, 17604
 COMMUNITY COLLEGE: EC§85232, 85233, 85655

Note: Please use this form if there are changes that occur throughout the year.