|  |  |  |
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| S:\CLIPART\Logos\RC-SEAL.jpg | AUTHORIZED SIGNATURE FOR CAPITAL ASSETS CERTIFICATION (Certification of County Property)OFFICE OF THE AUDITOR-CONTROLLERComplete and return to the Chief of the General Accounting Division of Auditor-Controller’s Office, Mail Stop #1050. | SPM FormAM – 2(Policy #XXX) |

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| **BUSINESS UNIT** | **FUND NO.** | DEPT ID | AGENCY/DEPARTMENT NAME |
|       |       |       |       |

|  |  |
| --- | --- |
| **NAME** | TITLE |
|       |       |

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| --- |
| SIGNATURE |
|  |

I authorize the individual listed above to certify the Capital Assets Inventory Listing for the department and business unit shown.

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|  |  |       |
| Department Head Signature |  | Date |