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

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

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

|  |
| --- |
| SIGNATURE |
|  |

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

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