

Warrant Special Handling Authorized Signatures

Part 1: Agency Information	
Business Unit #	Date
Agency / Division Name:	
Part 2: Authorized By	
Name (Typed):	Title:
Supervisor Signature:	Phone:

Part 3: Authorized Employees – Additions			
<p style="text-align: center;">Warrant Special Handling Request Form</p> <p>The employees listed below are authorized to sign the Warrant Special Handling Request - Form 0802.02.1F</p>		<p style="text-align: center;">Warrant Pick-Up List</p> <p>The employees listed below are authorized to pick-up warrants from MMB</p>	
Name (Typed):		Name (Typed):	
Signature:		Signature:	
Name (Typed):		Name (Typed):	
Signature:		Signature:	
Name (Typed):		Name (Typed):	
Signature:		Signature:	
Name (Typed):		Name (Typed):	
Signature:		Signature:	
Name (Typed):		Name (Typed):	
Signature:		Signature:	
Name (Typed):		Name (Typed):	
Signature:		Signature:	
Name (Typed):		Name (Typed):	
Signature:		Signature:	
Name (Typed):		Name (Typed):	
Signature:		Signature:	

Part 4: Names to Remove from the Authorized Signature List

Warrant Special Handling Request Form

The employees listed below are no longer authorized to sign the Warrant Special Handling Request Form

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Warrant Pick-Up List

The employees listed below are no longer authorized to pick-up warrants from MMB

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Name:

Send To:

Minnesota Management & Budget – Vendor Payments | 658 Cedar Street # 400 | St. Paul, MN 55155

E-Mail: syscomp.mmb@state.mn.us | Fax: (651)797-1307