

SIGNATURE FORM ~ for Checks & Purchase Orders
Calhoun I.S.D. ~ Department of Technology

District: _____

Contact Name: _____

Contact Email Address: _____

Application(s): CYBORG CHECKS AP CHECKS Purchase Orders

Name: _____

Name: _____

Sign full signature(s) in the box below. If 2 signatures are required, BOTH must fit in the same box! All signatures must fit **within the boundaries** of the box. Anything *outside* of the box will be *cut off*.

Use a black roller ball or felt-tip pen. *Do not use blue ink.*

Send original to: Joy Sommers, Finance Consultant
CDOT @ CACC
475 E. Roosevelt Avenue
Battle Creek, MI 49017

Office Use

Scanned by: _____ Date: _____

Consultant: _____