



COUNTY OF HENRICO

Signature Form

Authoriztion to pickup

Payroll Checks

Department/Office: _____ **LOC CODE:** _____ **Date:** _____

To the Director of Finance:

It is requested that the following personnel be authorized to pick up Payroll Checks.

Names	Signatures
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Requested by:

Signature of Department Head