

## **TOWN OF FREETOWN**

## **BOARD PAYROLL APPROVAL AUTHORIZATION FORM**

DATE:\_\_\_\_\_

DEPARTMENT NUMBER:\_\_\_\_\_

DEPARTMENT NAME:\_\_\_\_\_

The person listed below is hereby authorized to approve payrolls for payment from the department budget listed above.

**AUTHORIZED PERSON'S NAME:** 

**AUTHORIZED PERSON'S SIGNATURE:** 

**BOARD MEMBER APPROVAL:** 

cc: Town Clerk