

Please forward completed form to:

**OFFICE OF CITY AUDITOR
CITY HALL
BUILDING 131 ROOM 140**

Until further notice in writing, the personnel listed below are authorized to take delivery at the Office of the City Auditor of those City of Portland Checks issued in behalf of _____ as indicated.

NAME (Please Type)	SIGNATURE	INDICATE TYPE OF CHECK	
		PAYROLL	GENERAL

(Signature of Person Authorizing)

(Title)

(Department, Bureau, Division)

(Date)

(Interoffice Address & Phone Number)