PRINT FORM CLEAR FORM

Comptroller of Public Accounts FORM 74-117 (12-08/5)

VOUCHER SIGNATURE CARD

Agency number	Phone number

Agency name	Date

- *Please return along with supporting documents in accordance with TEX. REV. CIV. STAT. ANN. art. 6252-5, sec 1.*
- *Type all information (except signatures).*
- *Include name and signature, user ID number and employee/payee ID number of person(s) authorized by delegation of authority to approve expenditures for payment.*

NAME, EMPLOYEE/PAYEE ID # (11 digits), USER ID# (7 characters)		TITLE
1. Name (typed)	Employee/payee ID #	
sign here	User ID #	
2. Name (typed)	Employee/payee ID #	
sign here	User ID #	
3. Name (typed)	Employee/payee ID #	
sign here	User ID #	

Form 74-117 (back)(Rev.12-08/5)

Continued listings from front side

NAME, EMPLOYEE/PAYEE ID # (11 digits), USER ID# (7 characters)		TITLE
4. Name (typed)	Employee/payee ID #	
sign here	User ID #	
5. Name (typed)	Employee/payee ID #	
sign here	User ID #	
6. Name (typed)	Employee/payee ID #	
sign here	User ID #	
7. Name (typed)	Employee/payee ID #	
sign here	User ID #	
8. Name (typed)	Employee/payee ID #	
sign here	User ID #	