

Pinal County
CIP Work Authorization / Delegation Form:

Customer:

Requesting Department (Customer): _____

Funding Source: _____

Timing for Payment (month-date-year): _____

Deadline for Project (month-date-year): _____ -

Performer:

Signatures for Approval:

Customer's Signature for Approval: _____
Date:

Performer's Signature for Approval: _____
Date:

Budget Manager's Signature for Approval: _____
Date:

Assistant County Manager's Signature for Approval: _____
Date:

County Manager's Signature for Approval: _____
Date: