

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
ACCOUNTING DIVISION**

**ANNUAL SIGNATURE UPDATE SHEET  
FOR POSTAGE STAMPS AND BUS TOKENS**

FISCAL YEAR \_\_\_\_\_ - \_\_\_\_\_

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

FACILITY NAME: \_\_\_\_\_

COST CENTER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

PRIMARY CUSTODIAN NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SECONDARY CUSTODIAN NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

REVIEWED AND APPROVED BY:

MANAGER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

**RETURN BY \_\_\_\_\_ TO:  
ACCOUNTING DIVISION – REVENUE SECTION  
550 S. VERMONT AVE., 8<sup>TH</sup> FLOOR  
LOS ANGELES, CA 90020**