Appendix 1

STRATEGIC HEALTH AUTHORITY/PRIMARY CARE TRUST/SPECIAL HEALTH AUTHORITY – CASH REQUISITION

AUTHORISED SIGNATORY PANEL

SOUTH STAFFORDSHIRE PCT **Organisation Code 5PK**

FULL NAME	**SPECIMEN SIGNATURE**
HARRY THOMAS TRAVERS	
STUART POYNOR	
SUE PRICE	
COLIN THOMAS	
SUSAN FISHER	
CHRISTOPHER RILEY	
WENDY KERR	
MARTIN RICHARDS	
KELVIN EDGE	

Signed …….. Director of Finance

Name ……. Block Capitals Date ……..……

Contact Name for Queries .. LYNN ALLEN Tel No: 01785 221162

Please return this form to: **Department of Health**
FID FM Cash Funding Team
Room 4W55
Quarry House, Quarry Hill
LEEDS
LS2 7UE