

NEW YORK STATE OFFICE OF THE STATE COMPTROLLER BUREAU OF CONTRACTS AUTHORIZED SIGNATURE FORM

Business Unit: _____ Dept. ID: _____

Agency Date ____ ____ ____

Business Unit / Agency Name: _____

OSC Received ____ ____ ____

Division / Bureau / Dept. Name: _____

Adding additional signatures to current OSC file.

Replacing all signatures currently on OSC file for listed Department ID.

The following persons are authorized to execute contracts, amendments, purchase orders, and vendor responsibility determinations unless otherwise specified below.

Signature with Name TYPED Underneath	Phone No. Including Area Code & Extension and/or Email Address	Notes: Identify any unique or alternative authorizations to the above blanket statement.
1. _____ _____	_____ _____	_____
2. _____ _____	_____ _____	_____
3. _____ _____	_____ _____	_____
4. _____ _____	_____ _____	_____
5. _____ _____	_____ _____	_____

Agency Head / Designee Signature

Agency Head / Designee Name Typed

Agency Head / Designee Title Typed