

# 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