



STATE OF ILLINOIS  
 COMPTROLLER  
 SUSANA A. MENDOZA

**CHIEF PROCUREMENT OFFICER (CPO)  
 SIGNATURE REVOCATION FORM – DESIGNEE**  
 (SAMS PROCEDURE 15.20.99)

The **Chief Procurement Officer (CPO) Signature Revocation Form – Designee** form is used to revoke specimen signatures for designees authorized to sign or affix the signature of the CPO.

**Chief Procurement Office (CPO) Signature Revocation Form – Designee** forms must be emailed with the area of jurisdiction included in the subject line and the name of the individual revoked in the body of the email to:

**obligations@illinoiscomptroller.gov**

The original signed document must be maintained at the office of the Chief Procurement Officer. Each form must be scanned as a separate document. Multiple forms can be sent in one email.

**ALL FIELDS ARE REQUIRED**

**1) CONTACT INFORMATION** (The individual to be contacted regarding this signature revocation form):

**Name** (Type/Print): \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**2) AREA OF JURISDICTION** (Check one):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Governor                      | <input type="checkbox"/> Comptroller                            | <input type="checkbox"/> Capital Development Bd (Construction) |
| <input type="checkbox"/> Lt. Governor                  | <input type="checkbox"/> Treasurer                              | <input type="checkbox"/> Dept of Transportation (Construction) |
| <input type="checkbox"/> Attorney General              | <input type="checkbox"/> Governor’s Office of Management/Budget | <input type="checkbox"/> Institutions of Higher Education      |
| <input type="checkbox"/> Secretary of State            | <input type="checkbox"/> Auditor General                        | <input type="checkbox"/> General Services                      |
| <input type="checkbox"/> Other (Please specify): _____ |   |  |

**3) NAME OF PERSON PREVIOUSLY AUTHORIZED TO SIGN OR AFFIX THE CPO SIGNATURE** (Type/Print the name of the individual previously authorized to sign or affix the signature of the Chief Procurement Officer):

\_\_\_\_\_

**4) EFFECTIVE DATE OF REVOCATION\*:** \_\_\_\_\_

**5) By signing this form, I am requesting that the Comptroller’s Office revoke signature authority for the above-named Chief Procurement Officer designee on the effective date shown above. I hereby certify that the original signed document exists in my possession.**

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Type/Print Name of Authorized Representative

\_\_\_\_\_  
 Type/Print Title of Authorized Representative

**\*Enter the date the revocation is effective. Do not enter the current date unless it is the effective date for this revocation.**

