



**VOUCHER SIGNATURE REVOCATION FORM-  
 AGENCY HEAD (SAMS PROCEDURE 17.20.70)**

The Voucher Signature Revocation Form – Agency Head form is used to revoke specimen signatures for the previous Agency Head and all associated designees authorized to sign the Agency Head approval line on vouchers and on the Agency File Balancing Report.

Original Voucher Signature Revocation Form – Agency Head forms may be mailed to:

ILLINOIS OFFICE OF THE COMPTROLLER  
 Attn: Voucher Control  
 325 West Adams  
 Springfield, IL 62704-1871

This form may be submitted by email to **vouchercontrol@illinoiscomptroller.gov** or facsimile to **(217) 782-3232**. If submitted electronically or by facsimile, the original signed document must be maintained by the Agency.

**ALL FIELDS ARE REQUIRED**

1) **AGENCY NAME** (Do Not Abbreviate): \_\_\_\_\_

2) **AGENCY CODE** (Three-digit Number): \_\_\_\_\_

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

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

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

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

4) **NAME OF PREVIOUS AGENCY HEAD** (Type/Print the name of the previous Agency Head):  
 \_\_\_\_\_

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

6) By signing this form, I am requesting that the Comptroller’s Office revoke signature authority for the above-named Agency Head and all associated designees on the effective date shown above. **If submitted electronically or by facsimile, 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.