SUSANA A. MENDOZA
ILLINOIS STATE COMPTROLLER

CONTRACT SIGNATURE AUTHORIZATION FORM
(SAMS PROCEDURE 15.20.95)

The **Contract Signature Authorization Form** is used to provide specimen signatures to the Comptroller for Agency Heads and persons authorized to apply the Agency Head's signature on the approval line of contracts, interagency agreements, purchase orders, grants and leases. The Agency Head signature may be written, stamped, or applied electronically.

Contract Signature Authorization Forms must be emailed to: **obligations@illinoiscomptroller.gov** with the agency number included in the Subject field and the name of the authorized individual(s) in the body of the email. Multiple forms may be sent with one email, but forms must be scanned as separate PDF documents. The original documents must be maintained by the submitting 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 authorization form):

Name (Type):_____

Phone Number:_____

Email Address:_____

4) **NAME OF AGENCY HEAD OR DESIGNEE** (Type the name of the Agency Head or designee providing the specimen signature):

_____

5) **SPECIMEN SIGNATURE** (A designee must sign [not print]/affix the Agency Head's name followed by his/her name precisely as it will appear on contract documents. Initials are not acceptable):

_____

☐ Agency Head signature is a stamp. ☐ Specimen signature is electronic.

6) **EFFECTIVE DATE OF AUTHORIZATION*:** _____

7) **APPROVAL** (Type the title and agency name into the certification):

I certify that I am the elected/appointed _____ of the
(Title of Agency Head)

_____
(Name of Agency)

I hereby approve the signature delegation authorized above for the purposes of signing contracts and/or associated affidavits. **I hereby certify that the original signed document exists in my possession.** I hereby certify that the agency named above has adequate procedures in place to ensure that the use of the electronic signature authorized above is in compliance with the Uniform Electronic Transactions Act (Public Act 102-0038).

8) _____ _____
Signature of Agency Head Type Name of Agency Head

***Enter the effective date authorization is granted. Do not enter the current date unless it is the effective date for this authorization.**