



**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.**

