



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

The **Chief Procurement Officer (CPO) Signature Revocation Form** is used to revoke specimen signatures submitted to the Comptroller's Office for the previous Chief Procurement Officer and all associated designees.

Chief Procurement Officer (CPO) Signature Revocation 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 PREVIOUS CHIEF PROCUREMENT OFFICER (Type/Print the name of the previous 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 and all associated designees 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.

