



## VOUCHER SIGNATURE REVOCATION FORM – DESIGNEE (SAMS PROCEDURE 17.20.70)

The **Voucher Signature Revocation Form - Designee** form is used to revoke specimen signatures for persons authorized to sign the Agency Head approval line on vouchers and the Agency File Balancing Report.

**Voucher Signature Revocation Form – Designee** forms must be emailed with the agency number included in the subject line and the name of the revoked individual in the body of the email to:

**vouchercontrol@illinoiscomptroller.gov**

The original signed document must be maintained by the Agency. Each form must be scanned as a separate document. Multiple forms can be sent in one email.

### 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/Print): \_\_\_\_\_

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

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

4) **NAME OF PERSON PREVIOUSLY AUTHORIZED TO SIGN OR AFFIX THE AGENCY HEAD SIGNATURE**

(Type/Print the name of the individual previously authorized to sign or affix the signature of the 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 signature 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.