



VOUCHER SIGNATURE AUTHORIZATION FORM
 (SAMS PROCEDURE 17.20.65)

The **Voucher Signature Authorization Form** is used to provide specimen signatures to the Comptroller for persons authorized to sign the Agency Head approval line on vouchers and the Agency File Balancing Report. Submission of new or revised Signature Authorization Forms is dependent on when the use of the Agency Head signature is authorized or revised.

Pursuant to 30 ILCS 105/9.02, agencies must notify the Comptroller with the authority to sign, delegate and revoke Agency Head authority. **The Comptroller requires one copy of this form.** Original **Voucher Signature Authorization 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 authorization form):

Name (Type/Print): _____

Phone Number: _____

Email Address: _____

4) **NAME OF AGENCY HEAD OR DESIGNEE** (Type/Print the name of either the Agency Head or designee authorized to sign or affix the signature of the Agency Head):

5) **SPECIMEN SIGNATURE** (The designee must sign [not print]/affix the Agency Head's name followed by his/her name precisely as it will appear on the voucher—initials are not acceptable):

6) **VOUCHERS AUTHORIZED TO SIGN** (Place an "X" on the appropriate line(s) indicating which vouchers the individual is authorized to sign):

_____ **Commercial**

_____ **Payroll/Contractual Payroll/Retirement**

_____ **C-02**

_____ **Other** (For Payroll purposes only) Please specify: _____

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

8) **APPROVAL** (Type/Print the title and agency name into the certification):

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

_____ designated by Section 10 of "an Act in relation to State Finance"
(Name of Agency)

as the officer responsible for certifying and approving vouchers for this Agency. I hereby approve the signature delegation authorized by this form. **If submitted electronically or by facsimile, I hereby certify that the original signed document exists in my possession.**

9) _____
Signature of Agency Head Type/Print 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.