



**CONTRACT SIGNATURE REVOCATION FORM –  
 DESIGNEE (SAMS PROCEDURE 15.20.96)**

The **Contract Signature Revocation Form - Designee** form is used to revoke specimen signatures for persons authorized to sign the Agency Head approval line on contracts, interagency agreements, purchase orders, grants and leases.

**Original Contract Signature Revocation Form – Designee** forms may be mailed to:

ILLINOIS OFFICE OF THE COMPTROLLER  
 Attn: Obligations Unit  
 325 West Adams  
 Springfield, IL 62704-1871

This form may be submitted by email to **obligations@illinoiscomptroller.gov** or facsimile to **(217) 782-9151**. 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 revocation 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. **If submitted electronically or by facsimile, 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.