



**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 for the previous Chief Procurement Officer and all associated designees authorized to sign Late Execution Waiver Requests submitted to the Comptroller's Office.

Original **Chief Procurement Officer (CPO) Signature Revocation Forms** may be mailed to:

ILLINOIS OFFICE OF THE COMPTROLLER
 Attn: Director of State Accounting
 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 at the office of the Chief Procurement Officer.

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. 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.