



**SUSANA A. MENDOZA**  
ILLINOIS STATE COMPTROLLER

ILLINOIS OFFICE OF THE COMPTROLLER  
325 W. ADAMS STREET  
SPRINGFIELD, ILLINOIS 62704-1871  
FAX (217) 782-9151

## PO DELETION REQUEST

AGENCY NUMBER: \_\_\_\_\_

OBLIGATION NUMBER (as it appears on SUSF): \_\_\_\_\_

BATCH NUMBER (if applicable): \_\_\_\_\_

REASON FOR DELETION: \_\_\_\_\_

REQUESTER'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

REQUESTER'S PHONE NUMBER: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

(COMPTROLLER USE ONLY)

DELETED BY: \_\_\_\_\_

DATE OF DELETION: \_\_\_\_\_