

**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
BUREAU OF CONTRACTS**

Agency Code _____

Agency Date ____/____/____

Department/Agency _____

OSC Received ____/____/____

Division/Bureau _____

Adding additional signatures to current OSC file.

Replacing all signatures currently on OSC file for listed agency code.

The following persons are authorized to execute contracts, amendments, and purchase orders unless otherwise specified below.

Signature with Name TYPED Underneath	Phone No. Including Area Code & Extension and/or Email Address	Restrictions (if applicable)
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____
4. _____ _____	_____	_____
5. _____ _____	_____	_____

Agency Head/Designee Signature

Agency Head / Designee Name Typed

Agency Head / Designee Title Typed