

## New York State Office of the State Comptroller Authorized Signatures - Bureau of State Expenditures

AGENCY CODE \_\_\_\_\_

DATE \_\_\_\_\_

DEPARTMENT/AGENCY \_\_\_\_\_

OSC REC'D \_\_\_\_\_

DIVISION/BUREAU \_\_\_\_\_

The following are authorized to certify or approve vouchers or refund vouchers as required by Section 110 of the State Finance Law:

Adding additional signatures currently on file with OSC.

Replacing all signatures currently on file with OSC.

Signature with Name TYPED Underneath	Phone No. Including Area Code & Extension and Email Address (if applicable)	Title - Typed	Restrictions (e.g Payment Voucher, Refund Voucher)
1. _____ _____	_____	_____	_____
2. _____ _____	_____	_____	_____
3. _____ _____	_____	_____	_____
4. _____ _____	_____	_____	_____
5. _____ _____	_____	_____	_____

**Signature of Agency Head / Designee  
with Name TYPED Underneath**

**Phone No. Including Area Code & Extension  
and Email Address (if applicable)**

**Title - Typed**

\_\_\_\_\_  
\_\_\_\_\_

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