

# NEW YORK STATE OFFICE OF THE STATE COMPTROLLER BUREAU OF CONTRACTS AUTHORIZED SIGNATURE FORM

**Business Unit:** \_\_\_\_\_ **Dept. ID:** \_\_\_\_\_

**Agency Date** \_\_\_\_ \_\_\_\_ \_\_\_\_

**Business Unit / Agency Name:** \_\_\_\_\_

**OSC Received** \_\_\_\_ \_\_\_\_ \_\_\_\_

**Division / Bureau / Dept. Name:** \_\_\_\_\_

**Adding additional signatures to current OSC file.**

**Replacing all signatures currently on OSC file for listed Department ID.**

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

**Signature with Name TYPED Underneath**

**Phone No. Including Area Code & Extension  
and/or Email Address**

**Restrictions:** Identify any exceptions to the above  
blanket authority statement.

1. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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4. \_\_\_\_\_

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5. \_\_\_\_\_

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\_\_\_\_\_  
**Agency Head / Designee Signature**

\_\_\_\_\_  
**Agency Head / Designee Name Typed**

\_\_\_\_\_  
**Agency Head / Designee Title Typed**