

New York State Office of the State Comptroller

NOTICE OF INTENT TO PARTICIPATE IN THE VENDREP SYSTEM

Business Unit:	
Department Name:	
Department ID:	
Authorized Individual (person authorized by the Agency to submit this form)
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Check here if your agency has not designated at least one VendRep System Communication Liaison

Return form via one of the following:

Mail:	VendRep – Communications Manager, 11th Floor, 110 State Street, Albany, NY 12236
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