

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) |
| Name                    |  |
| Inallie                 |  |
| Title:                  |  |
| Phone:                  |  |
| E-mail:                 |  |
|                         |  |
| Signature:              |  |
| Date:                   |  |
|                         |  |
|                         |  |

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,<br>Albany, NY 12236 |
|---------|---|
| Fax:    | 518-408-3827  |
| E-mail: | VendRep@osc.ny.gov  |