

**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**