



Authorized Signature

The form shall be dated and identify the name, title, and signature of those individuals designated by the appointing authority to sign and approve requisitions, sole source certifications, change order requests, and surplus property transactions for each state agency. The form shall be submitted to the State Purchasing Director within 30 days of any change in the authorized signatures.

Submission of this form shall be sent to: CP.Feedback@omes.ok.gov

Agency Name: _____ Agency #: _____ Date: _____

Primary Contact: _____ Phone: _____

REQUISITIONS:

Signature

Printed Name and Title

Signature

Printed Name and Title

Signature

Printed Name and Title

PURCHASE ORDERS:

Signature

Printed Name and Title

Signature

Printed Name and Title

Signature

Printed Name and Title

CHANGE ORDER REQUESTS:

Signature

Printed Name and Title

Signature

Printed Name and Title

Signature

Printed Name and Title

SURPLUS PROPERTY TRANSACTIONS:

Signature

Printed Name and Title

Signature

Printed Name and Title

Signature

Printed Name and Title

SOLE SOURCE / SOLE BRAND CERTIFICATIONS:

Signature

Signature

Printed Name, Chief Administrative Officer of the Agency

Printed Name, Chief Administrative Officer of the Agency

Chief Administrative Officer of the Agency

Chief Administrative Officer of the Requisitioning Unit