



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: _____

<p>REQUISITIONS:</p> <p>_____ Signature</p> <p>_____ Printed Name and Title</p> <p>_____ Signature</p> <p>_____ Printed Name and Title</p> <p>_____ Signature</p> <p>_____ Printed Name and Title</p>	<p>PURCHASE ORDERS:</p> <p>_____ Signature</p> <p>_____ Printed Name and Title</p> <p>_____ Signature</p> <p>_____ Printed Name and Title</p> <p>_____ Signature</p> <p>_____ Printed Name and Title</p>
<p>CHANGE ORDER REQUESTS:</p> <p>_____ Signature</p> <p>_____ Printed Name and Title</p> <p>_____ Signature</p> <p>_____ Printed Name and Title</p> <p>_____ Signature</p> <p>_____ Printed Name and Title</p>	<p>SURPLUS PROPERTY TRANSACTIONS:</p> <p>_____ Signature</p> <p>_____ Printed Name and Title</p> <p>_____ Signature</p> <p>_____ Printed Name and Title</p> <p>_____ Signature</p> <p>_____ Printed Name and Title</p>
<p>SOLE SOURCE / SOLE BRAND CERTIFICATIONS:</p> <p>_____ Signature</p> <p>_____ Signature</p>	

Chief Administrative Officer of the Agency

Chief Administrative Officer of the Requisitioning Unit