



State Accounting Office - PO Signature Form

Date: _____ Company / BU #: _____ Agency Name: _____

Submitted By: _____ System FSCM:

Printed Name of Signature Authority: _____

Approved By: _____ Approver Contact: _____

PLEASE FOLLOW STEPS TO SUBMIT A NEW SIGNATURE OR SIGNATURE CHANGE.

- 1) Provide signature of agency purchasing authority in each of the 3 underlying boxes
- 2) Signature must fit within the boundary of the box
- 3) Use black/blue ball point or felt tip pen to produce clear signature to be scanned for best resolution
- 4) Submit completed form as a TeamWorks Service Request to: FSCM@sao.ga.gov

For SAO Use Only

Received By: _____

Date: _____