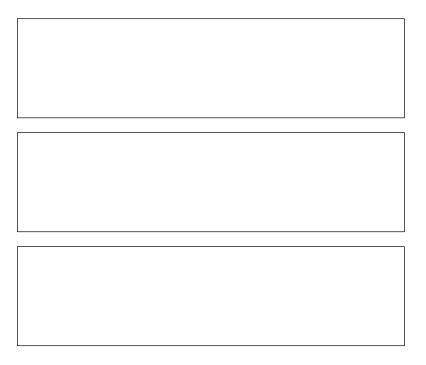


## **State Accounting Office - PO Signature Form**

Date:	Company / BU #:	Agency Name:
Submitted By:		System FSCM:
<u>Printed</u> 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: <a href="https://www.service.com">FSCM@sao.ga.gov</a>



For SAO Use Only

Received By:

Date: \_\_\_\_\_