

**DEPARTMENT OF ADMINISTRATIVE SERVICES**

**Chief Financial Office**

**Statewide Audit & Budget Reporting  
155 Cottage St NE  
Salem, OR 97310**

Agency Name:

Agency Number:

The following individuals are authorized to sign/approve biennial allotment plans for the above listed agency. A sample of their signature, printed name, title and date are listed below.

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

=====  
**Delegation of signature authority for agency allotment plan requests is granted by:**

\_\_\_\_\_  
Agency Director (print or type)

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date

Return to SABRS via email at [ORBITS.Help@oregon.gov](mailto:ORBITS.Help@oregon.gov) or via fax at (503) 373-7643