

**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**

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

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

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

\_\_\_\_\_  
**Date**

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