



**OREGON  
STATE  
TREASURY**

**Elizabeth Steiner, MD**  
Oregon State Treasurer

**George Naughton**  
Deputy State Treasurer

## OITP Roster of Approved Employees

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

Attn: Oregon Intermediate Term Pool  
Office of the State Treasurer  
Investment Division  
16290 SW Upper Boones Ferry Road  
Tigard, OR 97224

The *(Name of Agency or Public University)* \_\_\_\_\_ hereby authorizes the following individuals to conduct transactions with OITP on this agency's or public university's behalf and communicate with OST personnel regarding OITP on this agency's or public university's behalf.

Printed Name	Title	Phone Number	Fax Number	Internal Mail Location
_____	_____	____-____-____	____-____-____	_____
_____	_____	____-____-____	____-____-____	_____
_____	_____	____-____-____	____-____-____	_____

This document supersedes all authorizations and shall continue in force until a new authorization has been received from our office.

The undersigned acknowledges that it is the agency's or public university's responsibility to inform the OST of any changes to the information provided on this page and verifies its accuracy.

Submitted by:

\_\_\_\_\_  
Name of Agency or Public University Director

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Signature of Applicant's Director

(Authorized to act on behalf of above named agency or public university)

\_\_\_\_\_  
Date

**(For Treasury use only)**

Agency or public university contacted to confirm changes: Name & Date: \_\_\_\_\_

