

(SPA number) SIMPLIFIED PURCHASE AGREEMENT
AGENCY AUTHORIZATION FORM TEMPLATE
(YOUR AGENCY NAME HERE)

“I hereby authorize the following individuals to make single purchases up to the dollar limit specified, under GPO (*SPA number*). I further certify that I am the head of the procuring activity or a designee appointed by the head of the procuring activity and that this delegation is in compliance with applicable agency regulations.

The individuals listed below are authorized by the (*your agency name here*) to contract for duplicating and printing and related services including the authority to select contractors and to establish terms and conditions, through the U. S. Government Printing Office Simplified Purchase Agreement program.

1. Designated Employee:
Title:
Purchase Limit (dollar amount):
Telephone Number:
FAX Number:
E-mail address:

2. Designated Employee:
Title:
Purchase Limit (dollar amount):
Telephone Number:
FAX Number:
E-mail address:

3. Designated Employee:
Title:
Purchase Limit (dollar amount):
Telephone Number:
FAX Number:
E-mail address:

This procurement authority has been issued in accordance with 48 CFR 1.6 and applicable agency supplemental regulation to the Federal Acquisition Regulations (FAR).
Authorized by:

(Signature)

(Name)

(Title)

(Date)