



# OFFICE *of* ADMINISTRATION

## AUTHORIZED SIGNATURES OFFICE OF ADMINISTRATION DIVISION OF BUDGET AND PLANNING

	LAST NAME	FIRST NAME, M	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
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SA	Roberts	Tony		Capitol Building Room 124	Jefferson City, MO 65101	tony.roberts@oa.mo.gov	573-751-9328
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\*SA = SIGNATURE AUTHORITY

AA = APPOINTING AUTHORITY

POC = POINT OF CONTACT