Procurement Services
Encumbrance Adjustment Form

Req #: _____   PO #: _____   Vendor Name: _____

☐ Cancel the entire PO. No payment was or will be issued. **(Send to Accounts Payable for P.O.'s.)**

Sec.I   ☐ Release encumbrance as indicated below. **(Send to Accounts Payable for P.O.'s).**

☐ Increase encumbrance as indicated below. (Send to Accounts Payable for P.O.'s).

Sec.II

Item	Line No.	(A) Original Encumbrance Change Order	(B) Current Encumbrance Balance	(C) Requested Increase (+) or Decrease (-)	(A+C) Revised Total Encumbrance	(B+C) Revised Encumbrance Balance
A						
B						
C						
D						
E						
F						
G						
H						
	Total					

Sec.III

Item		Fund	Orginzation	Account	Program	Fiscal/Budget Year
A						
B						
C						
D						
E						
F						
G						
H						

Reason for Adjustment: _____

_____

_____

Department Contact **: _____   Date **: _____

Phone **: _____

Dep. Budget Manager/CDA **: _____   Date **: _____

<u>For Office Use Only</u>   _____

Accounts Payable Approval: _____   Date: _____

Adjustment Completed By: _____   Date: _____

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Encumbrance Adjustment Form

__Instructions for Completeing the Encumbrance Adjustment Form__

You can complete the entire form (EAF) or complete required information on the form (EAF) and attach applicable purchase orders/invoices in order to request encumbrance adjustments.

__If you are completing the entire form (EAF), follow the instruction below:__

1. Enter the requisition number.

2. Enter the purchase order number.

3. Enter the name of the vendor.

4. Check one of the three boxes to indicate the requested action. (Sec I)

5. If the last box is checked (adjust encumbrance), complete the table below as follows: (Sec II)
    Line No: PO line number to be adjusted
    A: Original encumbrance for the distribution, plus any change orders
    B: Current encumbrance balance for the distribution
    C: Requested increase (+) or decrease (-) to the distribution encumbrance

7. Enter the FOAP and Fiscal/budget period that corresponds to the PO line above. (Sec III)

8. Enter comments needed to explain unusual or complex requests, if needed.

9. Enter the name and phone number of the person to call in the department if there is a question.

10. The appropriate Departmental Budget manager or certifying signator signs and dates the form. Forms initiated by one of the processing units below do not require a certifying signature.

11. Mail or fax the completed form to the appropriate office, as indicated on the form.
                  Purchasing - FAX x1964, Phone x7195
                  Office of Contracts and Grants - FAX x7373, Phone x7020
                  Accounts Payable - FAX x1964, Phone x7195