AC 340-S (Effective 4/12)

STATE OF NEW YORK

CONTRACT ENCUMBRANCE REQUEST

| | Amendment / |
|--|--------------|
| | Supplemental |

| SFS DEPARTMENT ID | | | BATCH NUMBER | | AUDIT TYPE | AP BUSINESS UNIT | | NET AMOUNT | |
|--|----------------|-----------------------------|--|--------------------------------|---|------------------------------------|---------------------------------------|--------------|--|
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| Originatin | a Agoney | | | | I | L | Contract No. | Sequence # | |
| Originatin | g Agency | | | | | | Contract No. | Sequence # | |
| SFS Vendor ID | | | | Additional | Contractor Type | | Administering Agency SFS Dept. ID | | |
| | | | | | - N (1) 11 (1) | | | | |
| Payee Name (Limit to 30 spaces) | | | | | Payee Name (Limit to | 30 spaces) | | | |
| Payee Address (Limit to 30 spaces) | | | | | Payee Address (Limit to 30 spaces) | | | | |
| i ayoo naaress (Limit to so spaces) | | | | | 1 a y 00 7 ta a 1 00 0 0 0 0 | | ·) | | |
| City (Limit | to 20 space | e) | | | (Limit 2 spaces)→ | State | Zip Code | | |
| City (Limit to 20 spaces) | | | | (Ellilli 2 opaces) / Clate | | | | | |
| Interest E | ligible (Y/N) | | IRS Code | Stat. Type | Indicator-Statewide | Indicator-Depar | | ent | |
| interest Engine (TM) | | | | | | | | | |
| Contract Amount Bid Date (MM) (DD) (YY) | | | | Contract period (MM) (DD) (YY) | | | to (MM) (DD) (YY) | | |
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| | | | | Renewal/Amendr | Renewal/Amendment Beginning Date (MM) (DD) (YY) | | | | |
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| Description | on (Limit to 5 | 0 spaces) | | | | | | | |
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| Description | on (Limit to 5 | 0 spaces) | | | | | | | |
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| Provision | s (Limit to 63 | 3 spaces) | | | | | | | |
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| Preparer's | Signature | | | | | Preparer's Phone No. | | | |
| i reparer s dignature | | | | i repui | | | 3 i lione ito. | | |
| Agency Finance Officer's Signature | | | | | | Date | | | |
| | | | | | | | | | |
| | | | | | | Audit Olean (MM) (VV) | | Project Code | |
| Audit Status Category Method | | | Wethou C | of Award | | Audit Class (MM) (YY) Project Code | | Project Code | |
| Bids Solicited Number Rejected | | | Declined No Reply | | Route Code | | | | |
| Bids Solicited Number Rejected | | | Boomiou | no nopiy | Notice Gode | | | | |
| Date Received Audit Group | | | Date Approved | Date Approved | | ed | Auditor's Initials | | |
| | | | | | | | | | |
| | | leteraled Francis | h | COST CENTER CODE | | | | | |
| Line | Act | Intended Encumbrance Amount | | Dept. | Cost Center Unit | Var. | Yr. | Object | |
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