

CONTRACT ENCUMBRANCE REQUEST

Amendment /
Supplemental

SFS DEPARTMENT ID		BATCH NUMBER		AUDIT TYPE		AP BUSINESS UNIT		NET AMOUNT	
Originating Agency						Contract No.		Sequence #	
SFS Vendor ID			Additional		Contractor Type		Administering Agency SFS Dept. ID		
Payee Name (Limit to 30 spaces)					Payee Name (Limit to 30 spaces)				
Payee Address (Limit to 30 spaces)					Payee Address (Limit to 30 spaces)				
City (Limit to 20 spaces)				(Limit 2 spaces)→		State		Zip Code	
Interest Eligible (Y/N)		IRS Code	Stat. Type		Indicator-Statewide		Indicator-Department		
Contract Amount			Contract period (MM) (DD) (YY)			to (MM) (DD) (YY)			
Bid Date (MM) (DD) (YY)			Renewal/Amendment Beginning Date (MM) (DD) (YY)						
Description (Limit to 50 spaces)									
Description (Limit to 50 spaces)									
Provisions (Limit to 63 spaces)									
Preparer's Signature						Preparer's Phone No.			
Agency Finance Officer's Signature						Date			
Audit Status		Category		Method of Award		Audit Class (MM) (YY)		Project Code	
Bids Solicited		Number Rejected		Declined	No Reply	Route Code			
Date Received		Audit Group		Date Approved		Date Rejected		Auditor's Initials	
Line	Act	Intended Encumbrance Amount	COST CENTER CODE				Object		
			Dept.	Cost Center Unit	Var.	Yr.			

Check if continuation form is attached