

VOUCHER ENCUMBRANCE ADJUSTMENT REQUEST/ VOUCHER REVERSAL REQUEST

FOR OSF USE ONLY
Processed By: _____
Date: _____
Voucher #: _____

TO: Office of State Finance, Attn: Transaction Processing
Fax Number: 521-3383

Date: _____

FROM: _____ Voucher No.: _____
(Agency Name & No.)

PLEASE MARK VOUCHER CORRECTION TYPE	
Encumbrance Correction	<input type="checkbox"/>
Reversal	<input type="checkbox"/>
Restore Encumbrance	<input type="checkbox"/>

Please make the following encumbrance correction/reversal for processed voucher record as shown below:

Invoice No.: _____	Invoice Date: _____	Payee: _____	Vendor ID: _____
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V Line	V Dist	ACCOUNT	CLASS- FUNDING	DEPT	BUD REF	CFDA	P.O. NO.	PO Line	PO Dist	AMOUNT	Quantity Change
<i>(Enter Only Funding Lines Affected by This Change)</i>											
Paid as:											
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
										Total Amount of Change to "Paid as:"	<u>0.00</u>

Change to:											
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
										Total Amount of Change to "Change to:"	<u>0.00</u>
										Total Amount of Expenditure Change	<u>0.00</u>

Justification: _____	Agency Approving Officer: _____
_____	Title: _____
_____	Prepared by: _____
_____	Contact Person/Phone #: _____