

VOUCHER ENCUMBRANCE ADJUSTMENT REQUEST/ VOUCHER REVERSAL REQUEST

FOR OSF USE ONLY

Processed By: _____
Date: _____
Voucher No. _____

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

Date: _____

FROM: _____
(Agency Name & No.)

Voucher No.: _____

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

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

Voucher No.: _____ Invoice Number: _____ Payee: _____ Vendor ID: _____

V Line	V Dist	ACCOUNT	CLASS- FUNDING	DEPT	BUD REF	CFDA	OP. UNIT	P.O. NO.	PO Line	PO Sch	PO Dist	AMOUNT	Quantity Change
(ADJ)	(ADJ)	(All)	(All)	(All)	(All)	(All)	(All)	(All)	(ADJ)	(ADJ)	(ADJ)	(All)	(ADJ & Pair)

(Enter Only Funding Lines Affected by This Change)

Paid as:

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Total Amount of Change to "Paid as:"

Change to:

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Total Amount of Change to "Change to:"

0.00

Total Amount of Expenditure Change

0.00

Justification: _____

Approving Official: _____

Prepared by: _____
Contact Person: _____

FOR AGENCY USE

Processed By: _____
Date: _____
Claim: _____