

University of Houston Encumbrance Adjustment Form

PO Bus Unit: _____ Req ID: _____ PO ID: _____ Vendor Name: _____

Check the applicable box below:

Release pre-encumbrance.

Increase Encumbrance.

Reduce Encumbrance (not full release).

Release all remaining encumbrance (full release).

Item	Line No.	Sched No.	Distrib No.	(A) Original Encumbrance & Change Orders	(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								

Item	GL BU	Fund	Dept ID	Program	Project/Grant	Budget Ref	Account
A							
B							
C							
D							
E							
F							
G							
H							

Comments:

Department Contact: _____

Phone: _____

Certifying Signature: _____

For Office Use Only

EAF number: _____

Completed by: AP _____

Purchasing Review Required

Purchasing _____