

VOUCHER ENCUMBRANCE ADJUSTMENT REQUEST/

VOUCHER REVERSAL REQUEST

FOR OMES USE ONLY

Processed By: _____

Date: _____

Voucher No. _____

TO: Office of Management and Enterprise Services, Attn: Transaction Processing Date _____

Fax Number: 521-3383

FROM: _____
(Agency Name & No.)

Voucher No: _____

PLEASE MARK ONE
VOUCHER CORRECTION TYPE

- ☐ Encumbrance Correction
☐ Reversal
☐ Restore Encumbrance
☐ Projects

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

Invoice Number: _____ Invoice Date: _____ Payee: _____ Vendor ID: _____

V Line	V Dist	ACCOUNT	Sub Acct	CLASS- FUND	DEPT	BUD REF	CFDA	Project ID	Activity	Source Type	OP. UNIT	P.O. NO.	PO Line	PO Sch	PO Dist	AMOUNT	Quantity Change
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(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:" _____

Total Amount of Expenditure Change _____

Justification: _____

Approving Official: _____

Prepared by: _____

Contact Person: _____

FOR AGENCY USE

Processed By: _____

Date: _____

Claim: _____