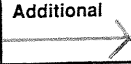




STATE
OF
NEW YORK

CONTRACT ENCUMBRANCE REQUEST

Amendment/
Supplemental

ORIGINATING AGENCY CODE (2)	BATCH NUMBER (3)	BATCH TYPE (4)	NUMBER OF DOCUMENTS (5)	NET AMOUNT (6)
---------------------------------------	----------------------------	--------------------------	-----------------------------------	--------------------------

Originating Agency (7)		Contract No. (8)	Action Code (9)
Payee I.D. (10)	Additional 	Contractor Type (11)	Administering Agency (12)
Payee Name (Limit to 30 spaces) (13)		Payee Name (Limit to 30 spaces) (14)	
Payee Address (Limit to 30 spaces) (15)		Payee Address (Limit to 30 spaces) (16)	
City (Limit to 20 spaces) (17)	(Limit to 2 spaces)	State (18)	Zip Code (19)
Interest Eligible (Y/N) (20)	IRS Code (21)	Stat. Type (22)	Indicator-Statewide (23) Indicator-Department (24)
Contract Amount (25)	Contract Period (MM) (DD) (YY) (26) to (MM) (DD) (YY)		
Bid Date (MM) (DD) (YY) (27) / /	Renewal/Amendment Beginning Date (MM) (DD) (YY) (28) / /		
Description (Limit to 50 spaces) (29)			
Description (Limit to 50 spaces) (30)			
Provisions (Limit to 63 spaces) (31)			
Preparer's Signature (32)		Preparer's Phone No. (33)	
Agency Finance Officer's Signature (34)		Date / /	
Audit Status (35)	Category (36)	Method of Award (37)	Audit Class (MM) (YY) (38) / Project Code (39)
Bids Solicited (40)	Number Rejected (41)	Declined (42)	No Reply (43) Route Code (44)
Date Received / (45)	Audit Group (46)	Date Approved / (47)	Date Rejected / (48) Auditor's Initials (49)

Line	Act	Amount	COST CENTER CODE				Object
			Dept.	Cost Center Unit	Var.	Yr.	
(50)	(51)	(52)		(53)		(54)	