

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 _____

Encumbrance Adjustment Form Instructions

You can complete the entire form (EAF) or complete required information on the form (EAF) and attach applicable 1074 report(s) in order to request encumbrance adjustments.

If you are completing the entire form (EAF), follow the instruction below:

1. Enter the PO business unit:
00730, 00783, CN730, CN783, RC730, RC783
2. Enter the requisition ID, if one was created (reqs are not created for research contracts).
3. Enter the purchase order ID, if one was created.
4. Enter the name of the vendor.
5. Check the applicable box for the action you are requesting.
6. If requesting to release or increase an encumbrance, complete the table below as follows:
Line No: PO line number to be adjusted
Sched No: Schedule number on the PO line to be adjusted (almost always 1)
Distrib No: Distribution number on the PO line to be adjusted
A: Original encumbrance for the distribution, plus any change orders
B: Current encumbrance balance for the distribution
C: Requested increase (+) or decrease (-) to the distribution encumbrance
7. Enter the cost center, budget reference, and account that corresponds to the PO line above.
8. Enter comments needed to explain unusual or complex requests, if needed.
9. The appropriate certifying signator signs and dates the form. Forms initiated by AP, OCG, or Purchasing do not require a certifying signature.
10. Submit the form via DocuSign.