

FUNDS RESERVATION REQUEST

(Encumbers Funds)

STANDARD Agency/Vendor # _____

BLANKET Agency/Vendor Name: _____

Start Date: _____ End Date: _____

Description: _____

Total amount of Funds Reservation: _____

Please attach any supporting documents.

Requested By Signature: _____
Print Name: _____
Date: _____

Department Head or Program Manager (or Federal Budget Analyst) Signature: _____
Print Name: _____
Date: _____

State CFO (State Program) or Grants Administrator (Cooperative Agreement) Signature: _____
Print Name: _____
Date: _____

Funding Information

GL Code: _____	GL Code: _____
Grant: _____	Grant: _____
Fund: _____	Fund: _____
Cost Center: _____	Cost Center: _____
Functional Area: _____	Functional Area: _____
Internal Order: _____	Internal Order: _____
Amount/Percentage: _____	Amount/Percentage: _____