Submit and send 3 copies to:
Controller's Office
Room 206
Anderson Hall

KANSAS STATE UNIVERSITY
Manhattan, Kansas

Encumbrance Correction

Please make the following entries
Transaction 05X Encumbrance No.

F C L	Ten Digit Account	State Fund	BFY	State Index	TC	Ref Doc 1 Number PFX	SFX	APO or Document Number	Description	DEBIT Amount Transfer TO	CREDIT Amount Transfer FROM

Purpose

Department _____ Name /Address / Phone _____

Requested: _____ Department Head (Optional)

Authorized: _____ Vice President, Dean or Director Date

Approved: _____ Controller's Office _____ Batch _____ Number _____ Batch Date