



Encumbrance Cancellation/Adjustment Form

Check One: **Cancellation**
 Adjustment

Check One: **Travel Purchase Order (Travel Office)**
 Regular Purchase order (Purchasing Office)

Purchase Order No.: _____
(Required)

Cost Center				Account #	(-)	(+)
Fund #	DeptID	Program #	Project #		Credit Amount	Debt Amount
Total:						

Explanation: _____

Departmental Use: **Prepared by:** _____ **Extension:** _____
 Approved by: _____ **Date:** _____