UHD

Encumbrance Cancellation/Adjustment Form

Check One: ☐ **Cancellation** ☐ **Travel Purchase order**
☐ **Adjustment** ☐ **Other** _____

Purchase Order No.: _____

Cost Center Fund	DeptID	Program	Project	Account	(-) Credit Amount	(+) Debt Amount
Total:					0.00	0.00

Explanation: _____

_____

_____

_____

_____

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

Approved by: _____ **Date:** _____