

## ENCUMBRANCE ROUTING SLIP

Today's date

Date: 3/7/14

The person requesting the work

Initiator: Justin Porter

Contractor/Consultant: Scofield Electric

Name of company doing the work

Building, Room: Knight Library, 101C

At least one of these is required:

- Project number

And/Or

- Index/Activity (if available)

And/Or

- Work order number

\*Project #: CP13-035

\*Index: NGF/NREF

\*Work Order #: WK221049

Encumbrance Amount: \$165.00

\*One of three is required

### Encumbrance Type

- Firm Fixed
- Not To Exceed
- Best Guess
- Increase to Previous

Select as appropriate:

**Firm Fixed** – if the quote will match the final billing

**Not To Exceed** – If the quote denotes NTE or time & materials basis

**Best Guess** – If you don't have a quote at all and need to guess at the amount required

**Increase to Previous** – If you have previously requested an encumbrance for the same job/work order.

Total encumbrance requested (if multiple quotes, total of all quotes)

Please submit a copy of the Quote/Proposal with this form. Thank You.

### For office use only

Contract #: \_\_\_\_\_  
Contracts Specialist \_\_\_\_\_  
Accounting Manager \_\_\_\_\_  
Accounting Entry \_\_\_\_\_

SCANNED?

### Email sent to:

Date: \_\_\_\_\_  
Vendor: \_\_\_\_\_  
CC'd: \_\_\_\_\_

Keep form in Microsoft Word format, and submit to [capcon@uoregon.edu](mailto:capcon@uoregon.edu)