AC 340 (Rev. 1/94)

STATE OF NEW YORK

CONTRACT ENCUMBRANCE REQUEST

☐ Amendment/ Supplemental

ORIGINATING AGENCY CODE	BATCH NUMBER		BATCH TYPE	NUMBER OF DOCUMENTS	NET AMOUNT
		0			

Originating Agency			Contract No.	Action Code
Payee I.D.	**Additional**	**Contractor Type**	**Administering Agency**	
Payee Name (Limit to 30 spaces)		**Payee Name** (Limit to 30 spaces)		
Payee Address (Limit to 30 spaces)		**Payee Address** (Limit to 30 spaces)		
City (Limit to 20 spaces)	(Limit to 2 spaces) →	**State**	**Zip Code**	
Interest Eligible (Y/N)	**IRS Code**	**Stat. Type**	**Indicator-Statewide**	**Indicator-Department**
Contract Amount		**Contract Period** (MM) (DD) (YY) / /	to	(MM) (DD) (YY) / /
Bid Date (MM) (DD) (YY) / /		**Renewal/Amendment Beginning Date** (MM) (DD) (YY) / /		
Description (Limit to 50 spaces)				
Description (Limit to 50 spaces)				
Provisions (Limit to 63 spaces)				

Preparer's Signature	Preparer's Phone No.
Agency Finance Officer's Signature	**Date** / /

Audit Status	Category	Method of Award	Audit Class (MM) (YY) /	Project Code
Bids Solicited	**Number Rejected**	**Declined**	**No Reply**	**Route Code**

Date Received / /	Audit Group	Date Approved / /	Date Rejected / /	Auditor's Initials

Line	Act	Amount	COST CENTER CODE				Object
			Dept.	Cost Center Unit	Var.	Yr.	

☐ Check if continuation form is attached.