STATE OF ALASKA



DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

ENCUMBRANCE MEMO

TO:	FINANCE		DATE:	
FROM:				
RE:	PROJECT NAME: PROJECT/AGREEMENT NO.: CONTRACTOR/CONSULTANT: CHANGE ORDER/AMEND. NO.: Encumber the attached:		DATED:	
	ContractChange OrderExtra Work Order	Agreement Amendment Quantity Adju	F	∟etter of Authority Final Payment

Comments:

ENCUMBRANCE T	RANSACTIONS REC					
Amount	Collocode	Program	Ledger Code	Account		
	TOTAL (Must agree with amount of document attached.)					

Appoved by: _____ Date: _____