

STATE OF NEW YORK

# CONTRACT ENCUMBRANCE REQUEST

1  Amendment/ Supplemental

SFS Dept. ID      Audit Type      AP Business Unit

ORIGINATING AGENCY CODE 2	BATCH NUMBER 3	BATCH TYPE 0	NUMBER OF DOCUMENTS 4	NET AMOUNT 5	6
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Sequence #

Originating Agency 7	Contract No. 8	Action Code 9
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Payee I.D. SFS Vendor ID 10	Additional	Contractor Type 11	Administering Agency 12	SFS Dept. ID
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Payee Name (Limit to 30 spaces) 13	Payee Name (Limit to 30 spaces) 14
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Payee Address (Limit to 30 spaces) 15	Payee Address (Limit to 30 spaces) 16
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City (Limit to 20 spaces) 17	(Limit to 2 spaces) → State 18	Zip Code 19
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Interest Eligible (Y/N) 20	IRS Code 21	Stat. Type 22	Indicator-Statewide 23	Indicator-Department 24
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Contract Amount 25	Contract Period (MM) (DD) (YY) 26 to (MM) (DD) (YY)
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Bid Date (MM) (DD) (YY) 27	Renewal/Amendment Beginning Date (MM) (DD) (YY) 28
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Description (Limit to 50 spaces) 29
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Description (Limit to 50 spaces) 30
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Provisions (Limit to 63 spaces) 31
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Preparer's Signature 32	Preparer's Phone No. 33
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Agency Finance Officer's Signature 34	Date
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Audit Status 35	Category 36	Method of Award 37	Audit Class (MM) (YY) 38	Project Code 39
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Bids Solicited 40	Number Rejected 41	Declined 42	No Reply 43	Route Code 44
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Date Received 45	Audit Group 46	Date Approved 47	Date Rejected 48	Auditor's Initials 49
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Line	Act	Amount	COST CENTER CODE				Object
			Dept.	Cost Center Unit	Var.	Yr.	
50	51	52	← 53 →				54
		Intended Encumbrance Amount					

Contract Encumbrance Request – AC340-S Bulkload Agencies

Reference	Name	Length/Type	Description for Completing in CAS	Bulkload Agency SFS Requirements
1	Amendment /Supplemental	-----	A check mark in this field indicates a change to an existing contract. (Required if this is an amendment or supplement to an existing contract)	No Change
2-6	Batch Header	-----	See a.0200, Batching Procedures	<b>#2 – Enter Agency SFS Dept. ID</b> #3 – Optional field in SFS <b>#4 – No Change to values, now referred to as Audit Type</b> <b>#5 – Enter AP Business Unit</b> #6 – Optional Field
7	Originating Agency	-----	Name of the agency preparing the document.	<b>Enter SFS Dept Name</b>
8	Contract Number	10 AN	If a new contract, this is an alpha prefixed number assigned by the agency from its Document Register, explained in A.0100. When combined with the Originating Agency Code, it uniquely identifies a contract. The alpha prefix designates the contract type. (Prefixes are found in the Accounting Codes Manual, Volume VIII, Section 3.1150.) If the AC 340 changes an existing contract, this is the existing Contract Number. (Required)	<b>Contract Prefixes can be found in the Guide to Financial Operations, Chapter XI, Section 2.B.</b>
9	Action Code	1 AN	A = Add a new contract C = Change an existing contract D = Delete an existing contract ('D' is for OSC use only) (Required )	<b>Enter Sequence Number (e.g. New Contract = #0, First Change = #1).</b>
10	Payee Id	10 AN	Federal Employer ID Number, Social Security Number or Municipal ID. If the AC340 changes an existing contract, enter this field <b>only</b> if changing the Payee ID. (Required on new contracts)	<b>Enter Vendor ID from SFS Vendor File</b>
	Additional	5 AN	If the payee is included on the Payee Name and Address File, this field also included the five position Payee Additional Code as assigned by OSC. Entering an asterisk (*) in the first position of this field on a change transaction will replace previously posted data with blanks. (Required on new contracts, if applicable.)	Not Required

11	Contractor Type	3 AN	A three-position field in which up to	No Change
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Changes to current data elements are highlighted above. To the extent other changes to AC340-S data elements exists, BOC has identified these elements as “No Change” as BOC does not require changes to the data as is currently provided, if at all, for the various fields.

			three, one-position codes can be entered. Codes are found in the Accounting Codes Manual, Volume VIII, Sections 3.1250 and 3.1255.(Required on new contracts and changes to existing contracts that do not contain a contractor type.)	
12	Administering Agency Code	10 AN	A code identifying the agency which let the contract. (Required on new contracts if an Administering Agency is involved in a contract.)	Enter Agency SFS Dept. ID for administering agency
13	Payee Name	30 AN	The contractor's name. If the contract record is the source of the payee name for a voucher (e.g. Scheduled Contract Payment vouchers), this will be the name that appears on the check. (Required)	No Change
14	Payee Name	30AN	Additional space, if needed, for the contractor's name. Entering an asterisk (*) in the first position of this field on a change transaction will replace previously posted data with blanks.	No Change
15	Address	30 AN	Contractor's address. If the contract record is the source of the address for a voucher (e.g. Scheduled Contract Payment Vouchers), this will be the address to which the check will be mailed. (Required on new contracts)	No Change
16	Address	30 AN	Continuation of the address, if needed. Entering an asterixk (*) in the first position of this field on a change transaction will replace previously posted data with blanks.	No Change
17	City	20 AN	Name of the city in the address. If the contract record is the source of the address for the voucher (e.g. Scheduled Contract Payment vouchers), this will be part of the address to which the check will be mailed. (Required on new contracts.)	No Change
18	State	2 AN	Abbreviation of the name of the state in the address. Leave blank for foreign addresses. Entering an asterisk (*) in the first position of this field on a change transaction for foreign addresses will replace previously posted data with blanks. If the contract record is the source of the address for a voucher (e.g. Scheduled Contract Payment vouchers), this will be part of the address to which the check will be mailed. (Required on new contracts unless address is foreign.)	No Change

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19	Zip Code	9 AN	Postal Code in the address. Leave blank for foreign addresses. Entering an asterisk (*) in the first position of this field on a change transaction will replace previously posted data with blanks. If the contract record is the source of the address for a voucher (e.g. Scheduled Contract Payment voucher), this will be part of the address to which the check will be mailed. (First 5 positions of the zip code required on new contract unless address is foreign.)	No Change
20	Interest Eligible	1 AN	A code to indicate if the payment is interest eligible. Enter an 'N' for no, 'Y' for yes. (Required on new contracts and changes to existing contract that do not contain an interest eligible indicator.)	No Change
21	IRS Code	1 AN	A letter code which indicates the type of IRS reporting for a payment. Codes are found in the Accounting Codes Manual, Volume VIII, Sections 3.1240 and 3.1245. Entering an asterisk (*) in this field on a change transaction will replace previously posted data with blanks. (Required on new contracts if payments are 1099 reportable.)	No Change
22	Statistic Type	1 AN	A code which indicate a specific category of information to be accumulated for the purpose of identifying Federal Fund recipients. Codes are found in the Accounting Codes Manual, Volume VIII, Section 3.1220. Entering an asterisk (*) in this field on a change transaction will replace previously posted data with a blank. (Required on new contracts where applicable.)	No Change
23	Indicator-Statewide	5 AN	Field to be used by agencies to identify particular kinds of payments as instructed by OSC. Up to five one-position codes can be entered. Statewide indicators will be assigned by OSC.	No Change
24	Indicator-Department	5 AN	Field to be used by agencies to identify particular kinds of payments for internal reporting. Up to five one-position codes can be entered.	No Change
25	Contract Amount	18 N	If a new contract, the maximum amount that can be expanded according to the terms of the contract. If a change to an existing contract, the amount of increase or decrease to the existing contract amount. If it is a decrease, precede the amount with a	No Change

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			minus(-) sign. (Required on new contracts.)	
26	Contract Period	12 N	The month, day and year the contract came into effect and the month, day and year the contract expires. (Required on new contracts. Contract End Date required on contact changes if Renewal/Amendment Beginning Date field is entered. )	No Change
27	Bid Date	6 N	The date bids are opened, or for a contract not bid, the date a proposal is received.	No Change
28	Renewal/Amendment Beginning Date	6 N	The first day of the period for which the contact is extended.	No Change
29	Description	50 AN	A brief description of contract scope (Required on new contracts. )	No Change
30	Description	50 AN	Additional space for description of contract scope. For Land Claims, included coordinated from map matrix, lot number from map and claimant's name.	No Change
31	Provisions	63 AN	Contract stipulations requiring special attention. (Required on new contracts if there are special provision in the contract.) For Land Claims, included old land contract number, if applicable.	No Change
32	Preparer's Signature	-----	Signature of the person filling out the document. (Required)	No Change
33	Preparer's Phone No.	-----	The phone number, including area code, of the person who prepared the document. ( Required in case additional information is needed. )	No Change
34	Agency Finance Officer's Signature and date	-----	Signature of Agency's Finance Officer and the date he/she signed the document. (Required)	No Change
35	Audit Status	1 AN	OSC entered.	No Change
36	Category	4 AN	OSC entered.	No Change
37	Method of Award	-----	OSC entered.	No Change
38	Audit Class (MM/YY)	5 AN	OSC entered.	No Change
39	Project Code	6 AN	OSC entered.	No Change
40	Bids Solicited	-----	OSC entered.	No Change
41	Number Rejected	-----	OSC entered.	No Change
42	Declined	-----	OSC entered.	No Change
43	No Reply	-----	OSC entered.	No Change
44	Route Code	1 AN	Enter an 'F' if the contractor's mailing address is foreign, otherwise leave blank. Entering an asterisk (*) in this	No Change

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			field on a change transaction will replace previously posted data with a blank.	
45	Date Received	-----	OSC entered.	No Change
46	Audit Group	-----	OSC entered.	No Change
47	Date Approved	-----	OSC entered.	No Change
48	Date Rejected	-----	OSC entered.	No Change
49	Auditor's initials	-----	OSC entered.	No Change
50	Line	3 N	Sequential number which identified the line of encumbrance coding. (Required if encumbering.)	No Change
51	Act	1 AN	Action code. (Required if encumbering.) A = Add a new encumbrance C = Change an existing encumbrance D = Delete an existing encumbrance	No Change
52	Amount	18 N	The dollars being encumbered. If a change to an existing encumbrance, the amount of increase or decrease. If it is a decrease, precede the amount with a minus (-) sign. (Required if encumbering.)	<b>No Change – intended encumbrance per the Two Step-Process</b>
53	Cost Center Code		A cost center is a 12 position code and represents the lowest unit of State government at which accounting and reporting is performed. The cost center code consists of the following components: Cost Dept Center Unit Variable Year <hr/> XX XXXXXX XX XX	No Change
	Dept	2 N	The first 2 positions of the cost center, indicates the department charged with the expenditure. (Required if encumbering.)	No Change
	Cost Center Unit	6 N	The next 6 positions of the cost center code, identifies the unit charged with the expenditure. (Required if encumbering.)	No Change
	Variable	2 AN	The 9th and 10th positions of the cost center code, identifies cost center unit variables such as funding source, programs, and projects within the same organizational unit. (Required if encumbering and the cost center code has a variable.)	No Change
	Yr	2 N	The fiscal year of the appropriations charged. ( Required if encumbering.)	No Change

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54	Object	5 AN	The expenditure object representing the goods or services purchased. The object codes are in the Accounting Codes Manual, Volume VIII, Sections 3.1180 and 3.1185. (Required)	No Change
55	Check if Continuation Form is attached	-----	Check this box if a continuation form is attached to the Contract Encumbrance Request (e.g. Scheduled Contract Payments form).	No Change

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