

Mail forms to: Administrator Office of Educational Facilities Budgeting 325 W. Gaines St. - Room 1054 Tallahassee, Florida 32399-0400 Phone: 850-245-0495 Fax: 850-245-9243 Email: kathy.dickey@fldoe.org	FLORIDA DEPARTMENT OF EDUCATION OFFICE OF EDUCATIONAL FACILITIES CAPITAL OUTLAY REQUEST ENCUMBRANCE AUTHORIZATION	OEF BUDGETING USE ONLY
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1. Agency/District Name	2. Agency Number	3. Fund Names: (Please check one and use one fund per form)	4. Agency/District Contact Signature:										
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>PECO</td></tr> <tr><td><input type="checkbox"/></td><td>General Revenue</td></tr> <tr><td><input type="checkbox"/></td><td>PECO/Doc Stamp</td></tr> <tr><td><input type="checkbox"/></td><td>Lottery</td></tr> <tr><td><input type="checkbox"/></td><td>Other: _____ (Specify fund name and number)</td></tr> </table>	<input type="checkbox"/>	PECO	<input type="checkbox"/>	General Revenue	<input type="checkbox"/>	PECO/Doc Stamp	<input type="checkbox"/>	Lottery	<input type="checkbox"/>	Other: _____ (Specify fund name and number)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: center;">(Prepared by)</p>
<input type="checkbox"/>	PECO												
<input type="checkbox"/>	General Revenue												
<input type="checkbox"/>	PECO/Doc Stamp												
<input type="checkbox"/>	Lottery												
<input type="checkbox"/>	Other: _____ (Specify fund name and number)												
5. Date Completed:			6. Phone:										
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> </table>					Month	Day	Year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>				
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			Email:										
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7. Project Identification:				8. Agency Application:			
Fiscal Year Appropriation	Division Number	Project Code Number	DOE Project Name	Name of School/Facility as shown on current approved survey	Phase Code	Amount Requested	Date Encumbrance Needed

Signature of Superintendent or College President _____

The above signature certifies that the projects listed above comply with Sections 1013.01(16), 1013.31(2)(a)(b), and 1013.64(5)(6), F.S., or other applicable laws.



INSTRUCTIONS FOR COMPLETING THE REQUEST FOR ENCUMBRANCE AUTHORIZATION - OEF FORM 352

General Instructions

1. Prepare a separate OEF Form 352 for each fund source being requested.
2. Each form should be submitted 30 days in advance of requesting a cash disbursement of the same funds. Forms will be processed within five working days of receiving the request. All forms should be sent to:

Administrator
Office of Facilities Budgeting
325 W. Gaines St. - Room 1054
Tallahassee, FL 32399-0400
FAX (850) 245-9243

Specific Instructions

1. Agency/District Name: Enter the district/college name
2. Agency Number: Enter the three digit DOE agency number.
3. Fund Name: Check source of funds for encumbrance.
4. Agency/District Contact Signature: Signature of person that is responsible for completing the report.
5. Date Completed: Enter date form was completed and signed.
6. Phone/Fax Numbers: Enter phone & fax numbers of person who completed the form.
7. Project Identification: Enter this information from the OEF Form 442 (Cash Disbursement Request) that is mailed to your agency each month.

Fiscal Year Appropriation Enter fiscal year funds were appropriated by the Legislature (e.g. 01/02)

Division Number Enter two digit DOE division number
Project Code Number Enter four digit alpha numeric code number assigned to the project as found on the district's OEF Form 442.

DOE Project Name Enter the project name as found on the district's OEF Form 442.

8. Agency Application: Information is supplied by the agency concerning where and how the encumbrance will be applied.

Name of School/Facility Enter the name of the school or building at the local level where the encumbrance is being requested. This name should be consistent with the name found in the district's or college's facility plant survey.

Phase Code Enter the number which indicates the phase of the project.

- 05 Repayment of projects or loans
- 10 Acquisition of existing buildings and land
- 15 Site acquisition
- 20 Water supply & sewage - existing site
- 25 Planning
- 30 Construction
- 35 Planning and construction
- 40 Equipping
- 45 Planning, construction and equipping
- 50 Construction and equipping
- 55 Site, planning, construction and equipping
- 60 Maintenance and repair
- 65 Renovation
- 70 Remodeling
- 75 Remodeling and renovation
- 80 Roof replacement
- 85 Site development
- 90 Site improvement
- 95 Site improvement incident to new construction

Amount Requested Indicated the amount of funds requested for each encumbrance authorization. A request decrease should be shown with ().

Date Encumbrance Needed Enter the month, day, and year the request is needed. Allow at least 5 working days for each encumbrance to be processed.

OEF Form 352
Expires: 6/30/2011