

CAMPUS: _____

UNIVERSITY OF HAWAII

DATE: ____/____/____
(MM/DD/YY)

CONTRACT ADJUSTMENT FORM

(Shaded items represent information to be completed by Central Administration, See reverse side for instructions)

CONTRACT NUMBER

C _____

| | | |
|--|--|------------------------------|
| CONTRACTOR/PAYEE NAME | VENDOR CODE | VENDOR FEDERAL TAX ID |
| CONTRACTOR/PAYEE REMITTANCE ADDRESS | REQUISITIONER PHONE | |
| | DEPARTMENT | |

REASON FOR CHANGE REQUEST

| |
|--|
| |
|--|

Start Date: _____

Completion Date: _____

Amount Previously Encumbered: \$ _____

Encumbrance Adjustment Amount (Increase or Decrease): \$ _____

Revised Total Contract Amount: \$ _____

| ACCOUNT CODE | OBJECT CODE | AMOUNT | DEBIT (D)/ CREDIT (C) |
|--------------|-------------|--------|-----------------------|
| | | | |

I AUTHORIZE THE ABOVE STATED INCREASE TO OR REDUCTION OF THE AMOUNTS PREVIOUSLY SUBMITTED. I CERTIFY THAT SUFFICIENT FUNDS ARE AVAILABLE FOR ANY INCREASED ENCUMBRANCE AMOUNTS AND THAT THIS ADJUSTMENT ACTION IS IN ACCORDANCE WITH APPLICABLE UNIVERSITY POLICIES AND PROCEDURES.

CONTRACTUAL OBLIGATION COMPLETED

FISCAL OFFICER

DATE

F.O. CODE

APPROVED BY:

OPRPM

DATE

UNIVERSITY OF HAWAII
 FORM INSTRUCTIONS
 CONTRACT ADJUSTMENT FORM (FMIS-41A)

PURPOSE: To record adjustments to encumbrance and/or non-cost data for existing contracts.

| DATA ITEM | COMPLETION INSTRUCTIONS |
|--|--|
| | <p>All fields must be completed unless noted as <u>optional</u>. Shaded items represent information to be completed by OPRPM. Users are advised to review Administrative Procedures, Section A8.200, Procurement, for more comprehensive explanation of purchasing policies and procedures and for more detailed instructions on the completion of this form.</p> |
| CAMPUS | Enter campus code under which initial encumbrance was processed. |
| DATE | Enter date form prepared. |
| CONTRACT NUMBER | Enter applicable contract number. |
| CONTRACTOR/PAYEE NAME | Enter Contractor's complete name. |
| CONTACTOR/PAYEE REMITTANCE ADDRESS | Enter Contractor's complete remittance address. |
| VENDOR CODE/VENDOR FEDERAL TAX ID | Leave VENDOR CODE blank. Enter Federal Tax Identification number (if individual, enter Social Security Number) if known, otherwise leave blank. |
| REQUISITIONER/PHONE | Enter name and phone number of individual requesting contract adjustment. |
| DEPARTMENT | Enter department name. |
| REASON FOR CHANGE REQUEST | Enter reason for change request, i.e., to liquidate remaining encumbrance, to record changes in accounting data, or to record applicable changes to contract terms, e.g., changes to contract period, payment terms or contractor name. |
| START DATE/COMPLETION DATE | Enter effective dates of contract period. |
| AMOUNT PREVIOUSLY ENCUMBERED | Enter total amount previously encumbered for contract period. |
| ENCUMBRANCE ADJUSTMENT AMOUNT (INCREASE OR DECREASE) | Enter net change in amount resulting from this adjustment action. |
| REVISED TOTAL CONTRACT AMOUNT | Enter new total contract amount. |
| ACCOUNT CODE/OBJECT CODE/AMOUNT/DEBIT(D)/CREDIT(C) | Enter detailed changes to account code/object code distributions. |
| CONTRACTUAL OBLIGATION COMPLETED | Check box if contractual obligation is completed. |
| FUND CERTIFICATION/DATA/FO CODE NO | Signature, date, and FO code number of Fiscal Officer. |
| OPRPM APPROVAL | To be signed by OPRPM specialist upon approval of contract and encumbrance specifications. |