

Mail forms to: Administrator Office of Educational Facilities Budgeting 325 West Gaines Street, Room 1054 Tallahassee, Florida 32399-0400 Phone: 850-245-0494 Fax: 850-245-9243 Email: <a href="mailto:kathy.dickey@fldoe.org">kathy.dickey@fldoe.org</a>	<b>FLORIDA DEPARTMENT OF EDUCATION</b> <b>OFFICE OF EDUCATIONAL FACILITIES</b> (Instructions on Reverse)  <b>CAPITAL OUTLAY REQUEST</b> <b>ENCUMBRANCE AUTHORIZATION</b>	<b>OEF BUDGETING USE ONLY</b>
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1. Agency/District Name	2. Agency Number	3. Fund Names: (Please check only one and use one form per fund)  <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)	4. Agency/District Contact Signature: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p style="text-align: center;">(Prepared by)</p>													
5. Date Completed:  <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; 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	6. Phone: <table style="margin-left: auto; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 40px; height: 20px;"></td><td style="border: 1px solid black; width: 40px; height: 20px;"></td><td style="border: 1px solid black; width: 40px; height: 20px;"></td></tr></table> Fax: <table style="margin-left: auto; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 40px; height: 20px;"></td><td style="border: 1px solid black; width: 40px; height: 20px;"></td><td style="border: 1px solid black; width: 40px; height: 20px;"></td></tr></table> Email: <table style="margin-left: auto; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 100%; height: 20px;"></td></tr></table>								
Month	Day	Year														

7. Project Identification:				8. Agency Application:			
A. Fiscal Year Appropriation	B. Division Number	C. Project Code Number	D.  DOE Project Name	A.  Name of School/Facility as shown on current approved survey	B.  Phase Code	C.  Amount Requested	D.  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) and (b), and 1013.64(5) and (6), F.S., and other applicable laws.



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

## General Instructions

- Prepare a separate OEF Form 352 for each fund source being requested.
- Each form should be submitted at least 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.

## 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.
  - A. Fiscal Year Appropriation Enter fiscal year funds were appropriated by the Legislature (e.g. 01/02)
  - B. Division Number Enter two digit DOE division number
  - C. Project Code Number Enter four digit alpha numeric code number assigned to the project as found on the district's OEF Form 442.
  - D. 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.
  - A. 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.
  - B. Phase Code Enter the number from the list below 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
  - C. Amount Requested Indicate the amount of funds requested for each encumbrance authorization. A request decrease should be shown with ( ).
  - D. 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.