

UNIVERSITY OF HAWAII

CAMPUS: _____

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

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Start Date:	Completion Date:

Amount Previously Encumbered: \$ _____

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

Revised Total Contract Amount: \$ _____

ACCOUNT CODE	OBJECT CODE	AMOUNT	DEBIT(DY) 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:

OPRPRM

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
	All fields must be completed unless noted as optional. Shaded items represent information to be completed by OPRPRM. 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.
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.
CONTRACTOR/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/DATE/FO CODE NO	Signature, date, and FO code number of Fiscal Officer.
OPRPRM APPROVAL	To be signed by OPRPRM specialist upon approval of contract and encumbrance specifications.