FLORIDA DEPARTMENT OF EDUCATION
OFFICE OF EDUCATIONAL FACILITIES

CAPITAL OUTLAY REQUEST
ENCUMBRANCE AUTHORIZATION

1. Agency/District Name
2. Agency Number

3. Fund Names: (Please Check One)
   - PECO
   - General Revenue
   - Principal State School Trust Fund
   - Lottery
   - Other: (Specify)

4. Agency/District Contact Signature: ____________________________
   (Preparer)

5. Date Completed: ______/______/______
   Month   Day   Year

6. Phone: (___) _____-________
   Fax: (___) _____-________

7. Project Identification:

   Fiscal Year Appropriation | Division Number | Project Code Number | DOE Project Name | Name of School/Facility | Phase Code | Amount Requested | Date Encumbrance Needed

8. Agency Application:

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.

OEF Form 352
Expires: 6/30/2005

Instructions on Reverse

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John L. Winn, Commissioner

ATTACHMENT G