

Mail forms Administrator Office of Educational Facilities Budgeting 325 W. Gaines St. - Room 1004 Tallahassee, Florida 32399-0400 850-245-0495 SunCom 205-0495 850-245-9243 Fax		FLORIDA DEPARTMENT OF EDUCATION OFFICE OF EDUCATIONAL FACILITIES CAPITAL OUTLAY REQUEST ENCUMBRANCE AUTHORIZATION		OFB USE ONLY	
1. Agency/District Name	2. Agency Number	3. Fund Names: (Please Check One) <input type="checkbox"/> PECO <input type="checkbox"/> General Revenue <input type="checkbox"/> Principal State School Trust Fund <input type="checkbox"/> Lottery <input type="checkbox"/> Other: (Specify)		4. Agency/District Contact Signature: _____ (Preparer)	
5. Date Completed: _____ / _____ / _____ Month Day Year				6. Phone: _____ Fax: () _____	

7. Project Identification:				8. Agency Application:			
Fiscal Year Appropriation	Division Number	Project Code Number	DOE Project Name	Name of School/Facility	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.

OEF Form 352
 Expires: 6/30/2005

(Instructions on Reverse)
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John L. Winn, Commissioner

