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Mail forms Administrator Office of Educational Facilities Budgeting 325 W. Gaines St Room 1004 Tallahassee, Florida 32399-0400 850-245-0495 SunCom 205-0495				FLORIDA DEPARTME OF EDUCATION OFFICE OF EDUCATIONAL FACILITIES CAPITAL OUTLAY REQUEST ENCUMBRANCE AUTHORIZATION		OFB USE ONLY			
850-245-9243 Fax					A AgongulDistrict Contact Signature:				
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)			
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5. Date Completed: /						6. Phone: ()			
Fiscal Year Appropriation	Division Number	Project Code Number	DO	E Project Name	Name of School/Facility		Phase Code	Amount Requested	Date Encumbrance Needed
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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) DOE Page 1 of 2 John L. Winn, Commissioner