State of Kansas
Department of Administration
Division of Accounts and Reports
DA-107 (Rev. 05-99)

ENCUMBRANCE AUTHORIZATION OR ADJUSTMENT

Agy No	Div No	Current Docuent No.

☐ **New Encumbrance** (Doc. Prefix A,B, or C)

☐ **Adjust Existing Encumbrance** (Doc. Prefix H)

Document Date: **Effective Date:**

Vendor Information	Agency Name & Address
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Sfx	T/C	Reference Doc. #	Sfx	M	Fund	BFY	Index	PCA	S-O	Det	R	Amount	Agency Use
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