



Obligation Reconciliation Notice

<p>*Mandatory Entry <u>One Correction Per Form</u> Attach Supporting Documentation See SAMS 15.30.30 For further Information</p>	*Agency Name		*Voucher Number		
	Line No.	*Expenditure Account Code	*Fiscal Year		
Original Obligation Number Charged	Original Payment Amt.	Correct Obligation Number		Correct Payment Amt.	
Total Payment Amount		Total Payment Amount			
*Warrant Number	*Warrant Date	*Warrant Amount			
Obligation Number	Deobligation <input type="checkbox"/> Cancelled <input type="checkbox"/> Redeposit <input type="checkbox"/>	Refund Full <input type="checkbox"/> Partial <input type="checkbox"/>		Amount to be Returned to Obligation	
*Explanation	*Taxpayer Identification No.		Location ID	*Exp. Obj.	*Exp. Amount
If further information is needed contact.					
*Name _____ *Phone _____					
*Authorized Signature _____ *Date _____					

