



# Purchase Order Changes After Fiscal Year End (POF)

**Submit Form To:** Minnesota Management & Budget, File Maintenance, 400 Centennial Building, 658 Cedar Street, St. Paul, MN 55155. Fax: (651) 797-1306.

1. Is the total amount to be re-established less than \$2,500? If YES, don't fill out or send in this form. Instead, open a current year purchase order.
2. For the invoice you want to pay, did you order the goods or receive the services before the legal authority for the funding lapsed? If NO, don't fill out or send in this form. Instead, open a current year purchase order.
3. Refer to Policy 0702-07, Changing Encumbrances After Close of the Accounting Year.

### DOCUMENT HEADER

	Doc Type	Agy. Code	Entry LOCN	Document/ Order #	Vendor #	Vendor Name	Doc. Total
OLD					--		
NEW					--		

(To be filled out by System Compliance). New Document/Order Number \_\_\_\_\_

### DOCUMENT LINE(S)

	Line #	Object Code	Sub-Object	Amount
OLD				

	Line #	Object Code	Sub-Object	Amount
NEW				

Continue on Next Page

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**Complete if funds need to be re-established at the appropriation level:**

<p>1. Please explain the reasons why you think the funds in question should be available now.</p>
<p>2. On what legal citations did you base your determination above in #1?</p>

\$ Amount to Re-establish	Budget FY	Fund	Agency	Appropriation Org	Appropriation Unit	Allotment Org

Requestor Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date: \_\_\_\_\_

Agency Accounting Officer \_\_\_\_\_ Phone \_\_\_\_\_ Date: \_\_\_\_\_

System Compliance \_\_\_\_\_ Date: \_\_\_\_\_

Executive Budget Officer \_\_\_\_\_ Date: \_\_\_\_\_  
(If Applicable)

Agency Assistance \_\_\_\_\_ Date: \_\_\_\_\_  
(If Applicable)