



OFFICE OF THE COMPTROLLER

CT OPEN ORDER REQUEST FOR APPROVAL FORM

INSTRUCTIONS:

An open order encumbrance (an encumbrance with no defined vendor) is merely an accounting system transaction. Use of the open order encumbrance and this form do not replace procurement or other contracting requirements.

Use of this form has certain conditions:

- Has a supporting executed contract or other appropriate agreement and does not reference a Master Agreement (MA)
- Evidence of the procurement or selection process must be documented and stored in the department's procurement file or as required by the Operational Services Division (OSD), if applicable.
- Justification must be provided as to why a Department MA, OSD MA, or vendor specific contract (CT) cannot be used.
- Only one Object Class is allowed
- Allowed for a single Fiscal Year - Event Type PR51

Please Complete all Fields

Department Name	
Address	Contact Person
Telephone	Email

Check One	
Initial Request	Modification
Mosaic Department Code	Transaction ID Number

Object Code		
Initial Encumbrance Dates <small>May not be earlier than the earliest signed contract</small>	Start Date	End Date
Initial Request Amount \$		
Change Request Amount <small>Only complete for modifications. Please indicate increase or decrease.</small>	Total Revised Request Amount <small>Only complete for modifications. Initial Request Amount plus/minus Change Request Amount.</small>	
\$	\$	
Amended Dates <small>For modifications that do not affect the dates, repeat the Initial Encumbrance Date. If the termination date is being revised, indicate the initial encumbrance date and revised termination date.</small>	Start Date	End Date



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Description and Justification

Description of the type of services to be provided; justification for use of this form; and an explanation of why a Departmental Master Agreement (MA), Statewide Contract, or vendor specific encumbrance cannot be used.

Attach additional pages as needed.

Type of Contract Being Included with Each Vendor

Check one only

Standard Contract Form

Other

A sample copy **must** be attached to this form.

Department Head Signature Authorization

Print Name

Title

Date

Signature of Department Authorized Signatory