Period End Estimate for Obligations

Document Number : YE _____

Reversal Period: (Fiscal Month/Fiscal Year) _____

Line	Trans Type: Delivered = DE Undelivered = UN	Program Code	BOC	Vendor Code	Amount	I or D	Description (Limit - 30 Characters)
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				TOTAL AMOUNT	$		

Prepared By:

Date:

Telephone Number:

Entered By:

Date: