



Sonoma County
Auditor-Controller Treasurer-Tax Collector

Contract Encumbrance / Transmittal Form

Contract Identifier:	CE-
Database No:	
Date:	

Accounting Contact

FROM	PHONE	DEPARTMENT	FISCAL YEAR
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Vendor Information

VENDOR NO	SUFFIX	VENDOR NAME	LEAD TIME FOR NOTIFICATION
CONTRACT BEGIN DATE	CONTRACT END DATE	EFFECTIVE START DATE	LAST REVISION (AMENDMENT)
ORIGINAL CONTRACT AMT		LESS PRIOR PAYMENT	
DESCRIPTION			LOCAL VENDOR <input type="checkbox"/> Yes <input type="checkbox"/> No
CATEGORY (CHOOSE FROM LIST ON OTHER SIDE)			CALIFORNIA BUSINESS <input type="checkbox"/> Yes <input type="checkbox"/> No
APPROVER <input type="checkbox"/> BOS (or Designee) – Over \$25K <input type="checkbox"/> Purchasing Agent – Under \$25K <input type="checkbox"/> Exempt per Reso #95-0328			

Department Information

DEPARTMENT	ADMINISTERED BY	EMAIL ADDRESS
DIVISION	TITLE (ADMINISTRATOR)	PHONE

Payment Information

	TC	CONTRACT NO	INDEX NO	SUB-OBJECT	VENDOR NO	SUFFIX	PROJECT/USER CODE	AMT TO BE DISBURSED
A.								\$
B.								\$
C.								\$
D.								\$
E.								\$
	TC Total						Total	\$

Key Elements / Clauses

FY:		Amount: \$		FY:		Amount: \$	
FY:		Amount: \$		FY:		Amount: \$	
FY:		Amount: \$		FY:		Amount: \$	

Documents needed for Contract Encumbrance:

- Approved Contract
- Copy of Board Resolution No.
- Contract C/OS, E/AS and Amendments

TC to use on form:

- 205 New Encumbrance
- 206 Dec/Cancel Existing Encumbrance
- 208 Inc Existing Encumbrance

For Auditor-Controller Use Only

DATABASE - _____

1099 - _____

I/C - _____

TERM - _____

CONTRACT - _____

CA BUSINESS - _____

BY: _____ DATE: _____

Approval

Auditor-Controller Treasurer-Tax Collector Dept

By: _____

Signature

Name, Title (Please Print)

See other side for instructions.

**Sonoma County Auditor-Controller Treasurer-Tax Collector
Contract Encumbrance / Transmittal Form**

INSTRUCTIONS

Contract Identifier	ACTTC assigns number upon receipt.
Batch Number, Date	ACTTC use only.
Accounting Contact	
From:	Provide name of person submitting contract.
Phone:	Provide phone number of person submitting contract.
Department:	Provide name of department submitting contract.
Fiscal Year:	Provide fiscal year contract is being submitted.
Vendor Information	
Vendor No/Suffix:	Provide vendor number. Attach Vendor Coding Form if it is a new vendor that is not in the FAMIS system.
Vendor Name:	Provide vendor name.
Lead Time for Notification:	<ol style="list-style-type: none">1. For all contracts terms up to 5 months or less, no notification will be made.2. For contracts 6 to 11 months, 30 days will be entered in the e-mail notification.3. For contracts 1 year plus, 60 or 90 days may be entered at the department's discretion.
Contract Begin Date:	Provide Begin Date as defined in Terms of Contract.
Contract End Date:	Provide End Date as defined in Terms of Contract.
Effective Start Date:	Provide date contract was signed by the County.
Last Revision (Amendment):	Provide date of amendment.
Original Contract Amount:	Provide original contract amount as defined in Terms of Contract.
Less Prior Payments:	Provide total amounts of payments already made toward contract.
Description	Provide Description
Categories <i>Provide category from list below</i>	
Computer Support/IT	Software, programming, support, websites
Engineering/Construction	Architect, construction, engineers, environmental consultants
Events/Food	Events, food
Facilities/Properties/Equipment	Real estate, leases, security, property maintenance, equipment maintenance
Health Services/Education	Medical, mental services, or community health/human services education
Legal/Law	Legal Services, Forensics
Marketing	Marketing, advertising, public outreach
Organizational Behavior	Investigative, conflict management, EAP, wellness programs, arbitrators
Personnel/Staffing Services	EH agency, recruitments, transcriptions, translation services
Local Vendor	Select Yes if Vendor is local; no if vendor is not.
California Business	Select Yes if California Business; no if not.
Approver	If contract is over \$25K, BOS approval is required. Contracts under \$25K may be signed by Purchasing Agent in General Services Department. Certain contracts are exempt from approval per Resolution #95-0328.
Department Information	
Department:	Provide name of department contracting with vendor.
Administered By:	Provide name of person who wrote/administers the contract (not department head or signee).
Email Address:	Provide email address of contract administrator.
Division:	Provide division name of administrator.
Title:	Provide contract administrator's title.
Phone:	Provide contract administrator's phone number.
Payment Information:	
TC Code	Enter appropriate code. (See listing on front of form.)
Contract No.	Leave blank unless contract is already encumbered. If so, reference original contract number.
Index No. & Sub-Obj No.	Enter Index and Sub-Object number contract is to be encumbered against.
Vendor No.	Provide vendor number. Attach Vendor Coding Form if it is a new vendor that is not in the FAMIS system.
Project/User Code	Provide Project/User Code
Total TC's	Total Transaction Codes
Total	Total Amount to be encumbered.
Key Elements / Clauses:	Enter fiscal year and amount of contract for that fiscal year. Repeat for multi-year contracts.
Documents Needed for Contract Encumbrance:	Attach approved contract, amendments or change orders; Copy of Board Resolution (if Board approved); send form to Purchasing with two copies of contract if Purchasing Agent signature required; send form and one copy of contract to Purchasing if approved by BOS.
Approval:	Signature by ACTTC and Purchasing (if required).