



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**

<b>Contract Identifier</b>	ACTTC assigns number upon receipt.
<b>Batch Number, Date</b>	ACTTC use only.
<b>Accounting Contact</b>	
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.
<b>Vendor Information</b>	
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"><li>1. For all contracts terms up to 5 months or less, no notification will be made.</li><li>2. For contracts 6 to 11 months, 30 days will be entered in the e-mail notification.</li><li>3. For contracts 1 year plus, 60 or 90 days may be entered at the department's discretion.</li></ol>
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.
<b>Description</b>	Provide Description
<b>Categories</b> <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
<b>Local Vendor</b>	Select Yes if Vendor is local; no if vendor is not.
<b>California Business</b>	Select Yes if California Business; no if not.
<b>Approver</b>	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.
<b>Department Information</b>	
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.
<b>Payment Information:</b>	
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.
<b>Key Elements / Clauses:</b>	Enter fiscal year and amount of contract for that fiscal year. Repeat for multi-year contracts.
<b>Documents Needed for Contract Encumbrance:</b>	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.
<b>Approval:</b>	Signature by ACTTC and Purchasing (if required).