ENCUMBRANCE/CONTRACT TRANSMITTAL FORM

TO: Office of the Comptroller
Procurement Unit
One Ashburton Place, 9th Floor
Boston, Massachusetts 02108

DATE: _____

CONTACT: _____
Contact Person for questions regarding these contracts

_____
(Telephone Number)

FISCAL YEAR: _____

SUBSIDIARY/OBJECT CODE: _____
(One object code per transmittal)

THESE CONTRACTS ARE:

(CHECK ONE ONLY)

_____**HR/CMS**
_____**E*MPAC**
_____**Ready Payment**
_____**Space Lease (G01)**
_____**Other**

TRANS	DEPT	ORG	7 DIGIT ID NUMBER	BATCHID	Approved By CTR on MMARS YES	NO