

## University of Minnesota Distribution and Encumbrance Document

Employee ID #	Employee Record #
Name	

Effective Date	End Date	Area	Org	Sub Org	Obj	Sub Obj	Earnings Code	Hours/ Amount Per Pay Period	Percent	Encumb (R, D, or N)

**ENCUMBRANCE** (For Draw Down Method Only)

Draw Down Encumbrance Set Up	Salary	Fringe
Employee Name:	\$	\$
Group ID:	\$	\$
Pool Name:	\$	\$

Prepared by:	Phone:	Date:
Authorized Signature:		Date: