

# ARIZONA

DEPARTMENT OF ADMINISTRATION  
GENERAL ACCOUNTING

## Administrative Adjustment Request

Submit the form to email address [gaoafr@azdoa.gov](mailto:gaoafr@azdoa.gov).

These requests must be approved by the **Agency Head, Deputy Agency Head, or the Chief Financial Officer.**

Agency		Date	
Requestor		EIN	

In accordance with A.R.S. § 35-191.A, A claim against this state arising from orders for goods or services made in one fiscal year and received in the next fiscal year is subject to administrative adjustment as provided in this section if written documentation is provided by the ordering budget unit and written approval is granted by the director of the department of administration. The budget unit shall keep on file the written documentation and authorization by the director.

Purchase Order #	Fund	Appr	Vendor Name	Description of Goods or Services	Delayed Reason	Amount	Date Ordered	Expected Date Received	Actual Date Received

Purchase Order #	Fund	Appr	Vendor Name	Description of Goods or Services	Delayed Reason	Amount	Date Ordered	Expected Date Received	Actual Date Received

**Delayed Reason** (provide additional information and/or provide a reason that is not included in the delayed reason drop down options)

I certify that the expenditures for these claims will be for a valid public purpose and consistent with applicable statutes, laws, appropriations, grants and contracts. I certify that I am authorized to disburse these monies.

**Agency Certification** (must be Agency Head, Deputy Agency Head or the Chief Financial Officer)

Signature		EIN		Date	
Name		Title		Phone	

**ADOA Director or Designee Approval or Denial**

Signature		EIN		Date	
Name		Title		Phone	

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Denied Reason	
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