

## **LINKING ALLOTMENT REQUEST FORM**

**Agency Number:**

**Date:**

**Agency Name:**

**Link Appropriation Number:**

**From:**

**To:**

**PCA:**

**PCA:**

**Amount to Link:**

**Reason for link:**

### **SIGNATURE AUTHORITY**

This signature asserts that the linked appropriations are available “for the same purpose”.

SABR Coordinator/Agency Representative:

Signature:

Printed Name:

Chief Financial Office (CFO) Analyst:

Signature:

Printed Name:

**Submit form to: [ORBITS.Help@das.oregon.gov](mailto:ORBITS.Help@das.oregon.gov)**

Department of Administrative Services  
Chief Financial Office, SABR Section  
155 Cottage St. Executive Bldg.  
Salem, OR 97301

#### **For SABRS Use:**

Cash Fund: \_\_\_\_\_

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_