

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@state.or.us

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: _____