

UNIVERSITY OF HAWAII CIP CONTRACT ENCUMBRANCE AND PAYMENT FORM

CHART CODE:
P.O. NO.:
DAGS CONTRACT NO.:
DATE:

CONTACTOR/PAYEE NAME				VENDOR CODE			VENDOR FEDERAL TAX ID			
CONTACTOR/PAYEE REMITTANCE ADDRESS					REQUISITIONER PHONE					
					DEPARTMENT					
DESCRIPTION					тоти				NTRACT AMOUNT	
PAYMENT TERMS										
START DATE				COMPLETION DATE						
ENCUMBRANCE PROCESSING										
ACCOUNT CODE	NT CODE SUB OBJECT AMOUNT			ACCOUNT CODE	SUB ACCT	ОВЈЕСТ	CT AMOUNT			
PROGRAM INDICATED IN THE ACCOUNT BLOCK(S) PURC					RTIFY THAT SUFFICIENT FUNDS ARE AVAILABLE IN THIS ACCOUNT FOR THIS CHASE, THAT THIS PURCHASE IS IN ACCORDANCE WITH APPLICABLE LAW					
AND UNIVERSITY POLICIES, AND AUTHORIZE THE ENCUMBRANCE THEREOF.									NCE THEREOF.	
APPROVING AUTHORITY DATE			FISC	SISCAL ADMINISTRATOR			DATE F.O. CODE			
PAYMENT PROCESSIN					G			DATE:		
DESCRIPTION OF PAYMENT:					ACCOUNT CODE	SUB ACCT	OBJECT	P/F	AMOUNT	
AS CONTRACTUALLY AUTHORIZED, ALL THE MATERIALS, SUPPLIES AND SERVICES HAIN GOOD ORDER AND CONDITION					VICES HAVE BEEN REC	EIVED	TOTAL			
					,				-	
SIGNATURE OF RECIPIENT DATE					l	PARTIA	AL PAYMEN	NΤ	FINAL PAYMENT	
APPROVED BY:										
APPROVING AUTHORITY DATE FISCAL ADMINISTRATOR DATE F.O. COD									F.O. CODE	