EXHIBIT H

Disbursement	Voucher	2
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Initiator:	Created:	:

expand all collapse all

* required field

Print Disbursement Voucher Coversheet

	cument O	verview									
			Description:	ſ				S-1	D	_	
C	rganizati	on Docume	nt Number:				xpianatio	on: Salary (Overpayment for	1	
Fin	ancial Do	cument Det	ail								
	*	Bank Code	030 UNIVERSITY	F HAWAII GE	NERAL ACCOUNT			Tota	al Amount:		
Pay	ment Inf	ormation		→ hide							
Pa	yment Inf	ormation									
	* Payme	nt Reason Code:	X - Bond,Re	unds,AR,D	ueState-0010,5110	,6000,					
	*	Payee ID:	17125-2								
	Pa	yee Type:	Vendor			* Payee	Name: 9	STATE DIRE	CTOR OF FINAN	CE	
	* /	Address 1:	1151 PUNCH	BOWL STR	EET RM 320	Address 2: State:					
		* City:	HONOLULU					4I			
		Country:	UNITED STA	TES		Posta	Code:	96813			
	* Chec	k Amount:				* Due	Date:				
Payment Type:		Is this a fore Is this payed Is this an en payroll: No	an employ	yee: No	Othe Considerations		-				
	* Paymei	nt Method:	P - Check/A	P - Check/ACH			ntation Code:	S - Initiating Organization			
	* Check	Stub Text:	S	alary Overp	ayment				adada kalanan ina arawa da arawa ar		
٩c	counting l			▼ hide			***************************************			hide detail	
	* Chart	* Accou	Sub-	Account	* Object	Sub-Object	Project	Org Ref Id	* Amount	Action	
	MA UH-Manoa	P/R OVERPYM			9231 DEPOSITS PAYABLE, P/R OVERPYMTS						
Line De		Description	n	woice umber	Invoice Date						
	MA	erpayment P/R OVERPYM	T-		9231 DEPOSITS PAYABLE,				to very market about the control of		
	UH-Manoa	ine Description		voice	P/R OVERPYMTS Invoice Date						
2		Description	n	umber							
2	Line	Descriptio erpayment	n	umber							
2	Line		n	am <u>ber</u>	(•	Total:		
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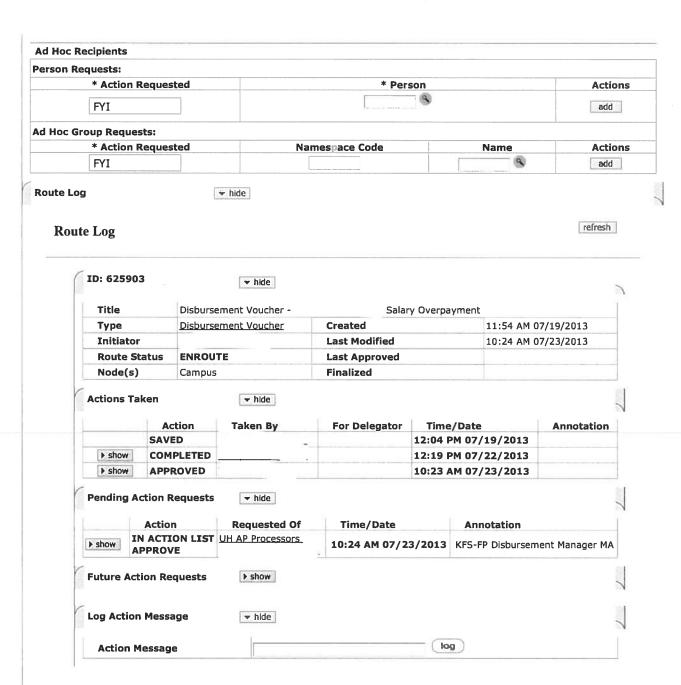
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Special Handling Addr		CIAL HANDLIN	G.		Special Handling S	-
Special Handling Addr			LL OFFICE FOR PICK-UP	•	pecial Handling Postal (
Special Handling Addi	C33 Z. 110	III I OII I AIRO	LE OFFICE FOR FICK OF	3	Special Handling Cou	
Nonresident Alien Tax	▼ h	ide			Special flatiality cou	c. y
NRA Tax						
* Income Code:	.		E.	reign Source:	No	
Federal Tax Rate:				reaty Exempt:		
State Tax Percent:				er Other Code:	NO	
			-	Up Payment:	No	
Resident Country Code:					INO	-
NQI Id:				AID Per Diem:	-	
Reference Doc:	-			W-4 Amount:		
Ownership Type Code:	GOVERNM	1ENT		emption Code:		
Ownership Type Category:			Withho	olding Reason:		
Visa Type:			Last	Update Date:		
Wire Transfer	▼ h	lde				
Wire Transfer						
Recurring Profi	ile No.:		Wa	ive wire trans	fer fee?: No	
* Bank	Name:		Additio	nal Wire Info	rmation:	
Bank ABA Rou	ting #:			А	ddenda:	
	k City:		*		tated in: U.S. Dollars	
	State:			* Curren		
* Bank Co					oj 1)po.	
* Bank Acco		t Displayed				
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TOTELET ZINOTHIGHOU	* Nam					

	e Performe					-
* Place of F						
-	ar Employe	er:				
Destination			1			
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From:				_		_
To: Per Diem * All fields required if section	n le usad		Personal V	ehicle required if sec	tion is used	
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	Rate:	Per Diem Li	nks		To (City/State):	
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Calculated	i Amount				Total Mileago	
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	Туре:			Compan	y:			Amou	ınt:			
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Γrave	i Expens	ses Tot	tal									
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