

UNIVERSITY OF HAWAII AUTHORIZATION FOR PAYMENT FORM

(Shaded items represent information to be completed by Disbursing. See reverse side for instructions)

DOCUMENT NUMBER

PAYEE'S NAME (Last Name, First Name, Middle Initial)	SOCIAL SECURITY NUMBER
PERMANENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	IF PAYMENT IS TO AN INDIVIDUAL, CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> Regular Employee <input type="checkbox"/> Non-regular employee (SCOPIS) <input type="checkbox"/> Non-Employee
DEPARTMENT	

VOUCHER NO.	VENDOR CODE	ACCOUNT CODE	SUBCODE	TYPE	P/F/N	AMOUNT
				0 ↓		

Deposit/Credit Information (Optional -- For internal notations)	TOTAL	\$
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ACCOUNT CODE	SUB CODE	VENDOR/SSN	AMOUNT

DESCRIPTION OF GOODS/SERVICES AND REASONS FOR PAYMENT : (include pertinent information such as nature of payment, period covered, compensation, receipts/invoice numbers, etc.)

As contractually authorized, all the materials, supplies and services have been received in good order and condition.

_____	_____	_____	_____
AUTHORIZED SIGNATURE OF	DATE	DEPARTMENT/UNIT	TELEPHONE

APPROVED BY: _____
APPROVING AUTHORITY
DATE

_____ FISCAL OFFICER DATE F.O. CODE

CENTRAL OFFICE USE ONLY

SPECIAL CENTRAL OFFICE APPROVAL _____
APPROVING AUTHORITY
DATE