

# UNIVERSITY OF HAWAII

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (MM/DD/YY)

## CONTRACT ENCUMBRANCE AND PAYMENT FORM

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

CONTRACT NUMBER <b>C</b> _____
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<b>CONTRACTOR/PAYEE NAME</b>		<b>VENDOR CODE</b>	<b>VENDOR FEDERAL TAX ID</b>
<b>CONTRACTOR/PAYEE REMITTANCE ADDRESS</b>		<b>REQUISITIONER</b>	<b>PHONE</b>
		<b>DEPARTMENT</b>	
<b>SERVICE</b>	<b>SPECIFICATIONS</b>		<b>TOTAL CONTRACT AMOUNT</b>
<b>ORD</b>	<b>REC</b>		
<b>PAYMENT TERMS</b>			
<b>START DATE</b>		<b>COMPLETION DATE</b>	

ENCUMBRANCE PROCESSING						
ACCOUNT CODE	OBJECT	AMOUNT	ACCOUNT CODE	OBJECT	AMOUNT	CHECK IF
						<input type="checkbox"/> FEDERAL FUNDS <input type="checkbox"/> TAX CLEARANCE
I CERTIFY THAT SUFFICIENT FUNDS ARE AVAILABLE IN THIS ACCOUNT FOR THIS PURCHASE AND AUTHORIZE THE ENCUMBRANCE THEREOF. I FURTHER CERTIFY THAT THIS PURCHASE IS IN ACCORDANCE WITH APPLICABLE UNIVERSITY POLICIES AND PROCEDURES. APPROVED BY: _____						
FISCAL OFFICER	DATE	F.O. CODE	OPRPM	DATE		

PAYMENT PROCESSING					DATE:	
DESCRIPTION OF PAYMENT:	ACCOUNT CODE	OBJECT	TYPE	P/F	AMOUNT	
			0 ↓			

AS CONTRACTUALLY AUTHORIZED, ALL THE MATERIALS, SUPPLIES AND SERVICES HAVE BEEN RECEIVED IN GOOD ORDER AND CONDITION					<b>TOTAL</b>	
_____ SIGNATURE OF RECIPIENT	_____ DATE	<input type="checkbox"/> CONTRACT ADJUSTMENT	<input type="checkbox"/> PARTIAL PAYMENT	<input type="checkbox"/> FINAL PAYMENT	APPROVED BY: _____	
_____ APPROVING AUTHORITY	_____ DATE	_____ FISCAL OFFICER	_____ DATE	_____ F.O. CODE		

UNIVERSITY OF HAWAII  
 FORM INSTRUCTIONS  
 CONTRACT ENCUMBRANCE AND PAYMENT FORM (FMIS-41)

**PURPOSE:** To record contract encumbrances and to initiate payment.

DATA ITEM	COMPLETION INSTRUCTIONS
<p><b>All fields must be completed unless noted as <u>optional</u>. Shaded items represent information to be completed by OPRPM. Users are advised to review Administrative Procedures, Section A8.200, Procurement, for more comprehensive explanation of purchasing policies and procedures and for more detailed instructions on the completion of this form.</b></p>	
CAMPUS	Enter campus code.
DATE	Enter date form prepared.
CONTRACT NUMBER	Enter number assigned by OPRPM.
CONTRACTOR/PAYEE NAME	Enter Contractor's complete name.
CONTRACTOR/PAYEE REMITTANCE ADDRESS	Enter Contractor's complete remittance address.
VENDOR CODE/VENDOR FEDERAL TAX ID	Leave VENDOR CODE blank. Enter Federal Tax Identification number (if individual, enter Social Security Number), if known.
REQUISITIONER/PHONE	Enter requisitioner's name and phone number.
DEPARTMENT	Enter department name.
SERVICE (ORD/REC)	Leave blank.
SPECIFICATIONS	Enter pertinent details of work to be performed.
TOTAL CONTRACT AMOUNT	Enter total amount of compensation for contract period.
PAYMENT TERMS	Enter pertinent details of payment terms.
START DATE/COMPLETION DATE	Enter effective dates of contract period.
<b>ENCUMBRANCE PROCESSING</b>	
ACCOUNT CODE/OBJECT CODE/AMOUNT	Enter 6-digit SL account code(s), 4-digit subcode(s), and respective amount(s) to be encumbered under this contract.
CHECK IF APPLICABLE (FED FUNDS/TAX CLEARANCE)	Check appropriate box(es) if applicable.
FUND CERTIFICATION/DATE/FO CODE	Signature, date, and FO code number of Fiscal Officer.
OPRPM APPROVAL	To be signed by OPRPM specialist upon approval of contract and encumbrance specifications.
<b>PAYMENT PROCESSING</b>	
DATE	Enter payment transaction date.
DESCRIPTION OF PAYMENT	Enter description of goods/services/construction provided and indicate reasons for payment in detail (e.g., period covered by payment, rate of compensation, etc.)
ACCOUNT CODE	Enter 6-digit SL account code.
OBJECT CODE	Enter 4-digit subcode.
TYPE	Predefined.
P/F	Enter "P" for partial payments or "F" for final payment.
AMOUNT	Enter amount of disbursement for each account distribution.
TOTAL	Enter total payment amount.
CONTRACT ADJUSTMENT FORM PROCESSED	Check if Contract Adjustment Form was previously processed for this contract.
PARTIAL PAYMENT/FINAL PAYMENT	Check appropriate box indicating partial or final payment.
SIGNATURE OF RECIPIENT/DATE	Individual responsible for verification of satisfactory receipt of goods/services/construction must sign and date form.
APPROVAL SIGNATURES	Signatures and dates are required by appropriate approving authority (e.g., Principal Investigator, Project Director, Dean, Director, etc.) and Fiscal Officer.