

## UNIVERSITY OF HAWAII

 (1) CAMPUS: MA  
 (2) DATE: 08 / 10 / 99  
 (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  
 (3) C 000123

CONTRACTOR/PAYEE NAME (4) Peking University		VENDOR CODE (6)	VENDOR FEDERAL TAX ID
CONTRACTOR/PAYEE REMITTANCE ADDRESS (5) Office of Foreign Affairs Peking University Haidian, Beijing 100871 People's Republic of China		REQUISITIONER (7) Don Campus	PHONE 956-8891
		DEPARTMENT (8) Center for Chinese Studies	
SERVICE (9)		SPECIFICATIONS (10)	TOTAL CONTRACT AMOUNT (11)
ORD	REC		
		Provide housing, meals, lectures, travel & site visit logistics within the People's Republic of China and Hong Kong, and provide general program assistance in accordance with U.S. DOE Grant (P021A40055) titled "Fulbright-Hayes Group Projects Abroad."	\$49,000.00
PAYMENT TERMS (12) Total amount of \$49,000.00 to be paid upon satisfactory completion of services and receipt of invoices.			
START DATE (13) 9/1/99		COMPLETION DATE 9/30/99	

## ENCUMBRANCE PROCESSING

ACCOUNT CODE	OBJECT	AMOUNT	ACCOUNT CODE	OBJECT	AMOUNT	CHECK IF APPLICABLE: (15)
(14)						<input checked="" type="checkbox"/> FEDERAL FUNDS
652378	7172	\$24,000.00				<input checked="" type="checkbox"/> TAX CLEARANCE
652378	7150	\$25,000.00				
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.						
(16) Ed Benjamin		8/10/99	005	(17) Bill Bailey		8/15/99
FISCAL OFFICER		DATE	F.O. CODE	OPRPRM		DATE

## PAYMENT PROCESSING

DESCRIPTION OF PAYMENT: (19) For sample of Payment Processing, refer to APM A8.839, Accounts Payable Processing.					DATE: (18)
ACCOUNT CODE (20)	OBJECT (21)	TYPE (22)	P/F (23)	AMOUNT (24)	
		0			
AS CONTRACTUALLY AUTHORIZED, ALL THE MATERIALS, SUPPLIES AND SERVICES HAVE BEEN RECEIVED IN GOOD ORDER AND CONDITION.					TOTAL (25)
(26)					
<input type="checkbox"/> CONTRACT ADJUSTMENT FORM PROCESSED <input type="checkbox"/> PARTIAL (27) PAYMENT <input type="checkbox"/> FINAL PAYMENT					
SIGNATURE OF RECIPIENT		DATE			
APPROVED BY: (29)		DATE			
APPROVING AUTHORITY		DATE		FISCAL OFFICER DATE F.O. CODE	