

## 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<br>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<br>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     |  |