A8.800 Disbursing/Accounts Payable and Payroll

A8.856 Student Fellowship, Traineeship, and Stipend Payments

1. Purpose

These instructions establish procedures for the preparation and submission of the following forms:

a. FMIS-36, Student Fellowship/Traineeship/Stipend Initial Payment Request (Attachment 1).

b. FMIS-36A, List of Student Fellowship/Traineeship/Stipend Payments (Attachment 2).

2. Definitions

a. Fellowships - A form of financial assistance awarded primarily on the basis of academic achievement and vocational and professional objectives. These are generally awarded to graduate and post-graduate students who are not required to render service to the institution as a consideration of their awards, or to repay them. Most awards at the University are made by the Office of Research Administration in conjunction with the departments concerned or in cooperation with certain sponsoring agencies which require direct student applications.

b. Traineeships - A form of financial assistance equivalent to fellowships for graduate students in professional and scientific fields, such as engineering, public health and bacteriology. Students apply to their respective departments for awards which are generally financed by the state or federal government.

c. Stipends - A form of financial assistance awarded to students for participating in programs that are educational in nature. Participation provides students with opportunities to gain skills and experience in leadership, community development, organization, volunteerism, and human relations.
3. Applicability/Responsibilities

a. These instructions herein apply to Project Directors, Fiscal Officers, and Dean/Directors who are involved in programs related to fellowship, traineeship, and stipend payments.

b. These instructions do not apply to the processing of scholarship/grant/loan payments by the U.H. Financial Aids Office (Refer to APM A8.857, Student Scholarship/Grant/Loan Payments), or payments made to students for employment purposes, graduate assistanceships and certain post-doctoral awards which require "internship" services.

c. FMIS-36 and FMIS-36A are available at the Disbursing Office. Questions related to the processing of fellowship, traineeship, and stipend payments are to be directed to that office.

d. Encumbrance of funds committed for fellowship, traineeship, and stipend payments may be entered into the U.H. Financial Management Information System via the "Miscellaneous Encumbrance Form" (FMIS-35).

e. Only those fellowships, traineeship and stipend payments which are considered to be non-taxable income to students may be processed on FMIS-36 and FMIS-36A. For this purpose, Project Directors are required to indicate whether special services are required of each award recipient by answering questions a. and b. on the form. Although use of the subject forms results in no tax withholding by the University, the Internal Revenue Service reserves the right for further determination of tax liability.

f. Fiscal Officers and Program Managers (Approving Authority) who approve student fellowship, traineeship and stipend payments are responsible for compliance with applicable Federal and State laws, rules, regulations, and University policies and procedures.

4. Guidelines

a. FMIS-36 is used to document and to process the initial payment of a fellowship, traineeship, or stipend award. A WH-1 must be attached to FMIS-36 for initial payment processing (e.g. Award is for a 3 year period. Only the initial payment requires submittal of FMIS-36 to establish the individual on the vendor file.)
b. FMIS-36 is not used for the aforementioned "exclusions" and if questions a. and b. on this form are answered "Yes" and "No," respectively.

c. FMIS-36A is used to list one or more recipients for their second and subsequent fellowship and traineeship payments.

5. Procedures


1) Action to be Taken by Project Director

a) Assures that the recipient of this award fully meets all the requirements as stipulated on the award letter.

b) Prepares and forwards original FMIS-36 and original WH-1 to the Dean/Director.

2) Action to be Taken by Dean/Director

a) Reviews the award for propriety as to the overall policies of the college or institution's program insuring that expenditures are made within the special provisions and requirements for each award letter. (Authority to review and approve FMIS-36, regardless of source of funds, has been delegated to the Deans and Directors by the Office of Research Administration (ORA) effective May 1, 1990.)

b) If approved, signs and forwards original FMIS-36 and attached WH-1 to the Fiscal Officer responsible for the account from which disbursements will be made.

c) Program Managers (Approving Authority) who approve payments on the forms FMIS-36 and FMIS-36A are responsible for compliance with applicable Federal and State laws, rules, regulations, and University policies and procedures.

d) If disapproved, indicates reason for disapproval and returns original to Project Director.

3) Action to be Taken by Fiscal Officer

a) Assures the proper use and completeness of the form and accuracy of data, specifically on the utilization of subcodes (see List of Subcodes -
b) Certifies the availability of funds for the initial payment processed.

c) If approved, signs and forwards original FMIS-36 and attached WH-1 to Disbursing.

d) Fiscal Officers who approve payments on the Form FMIS-36 and Form FMIS-36A are responsible for compliance with applicable Federal and State laws, rules, regulations, and University policies and procedures.

e) If disapproved, indicates reason for disapproval and returns forms to the Project Director.

f) As an option for the budgetary control of funds, utilizes the Miscellaneous Encumbrance Form, FMIS-35, to encumber the total amount awarded by Document Number (i.e. FXXXXXX). As payments are processed, a Partial (P) payment or Final (F) payment, the encumbered funds will be liquidated. Final payments (F) will liquidate remaining balances. The same FXXXXXX miscellaneous encumbrance document number must be used on all payment documents processed against the encumbrance.

4) **Action to be Taken by Disbursing Office**

a) Preaudits for proper authorizations and completeness of form (see sample on Attachment 4).

b) Batches and data enters original FMIS-36 to process check.

c) Checks will be sorted by fiscal officers and held for pick up on Oahu and mailed to the outer islands.

b. **Procedure for the preparation and distribution of FMIS-36A.**

1) **Action to be Taken by Project Director**

a) Insures that all awards are reviewed for changes before the second and subsequent payments are made.

b) Completes FMIS-36A (see sample on Attachment 5).
c) Signs and forwards the original to the Fiscal Officer responsible for the account from which disbursements will be made.

2) **Action to be Taken by Fiscal Officer**

a) Insures propriety and completeness of the form; the accuracy of the data, specifically on the utilization of sub codes (see List of Subcodes—Attachment 3); and the certification to the availability of funds.

b) If approved, signs and forwards original to the Disbursing Office.

c) If disapproved, indicates reason for disapproval and returns to the Project Director.

3) **Action to be Taken by Disbursing Office**

a) Preaudits for proper authorizations and completeness of form.

b) Batches and data enters original FMIS-36A to process check.

c) Checks will be sorted by fiscal officers and held for pick up on Oahu and mailed to the outer islands.

6. **Payee Name Change/Address Change**

In the event there is a name change (e.g. due to marriage) or an address change, complete FMIS-12, Vendor Maintenance Form (Attachment 6). Name changes must be supported by an updated copy of the payee's Social Security card or a copy of the validated Social Security Application.

7. **Availability of Forms**

Supplies of the Student Fellowship/Traineeship/Stipend Initial Payment Request (FMIS-36) and List of Student Fellowship/Traineeship/Stipend Payments (FMIS-36A) are available upon request from the Disbursing and Payroll Office.
UNIVERSITY OF HAWAII

STUDENT FELLOWSHIP/TRAINEESHIP/STIPEND INITIAL PAYMENT REQUEST

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

WH-1 MUST BE ATTACHED. OTHERWISE, FORM WILL NOT BE PROCESSED.

Complete the following to assist in determining the tax status as recommended by the Internal Revenue Service:

A. Does this payment require the recipient to perform certain special services outside of his/her study?
   □ Yes  □ No

B. If above is "yes", are the services required for all students in this field of study?
   □ Yes  □ No

Description of Award:

Grant No. ____________________ Grant Title ____________________

Total Amount to be Paid $ ________________ Award Period ___________ to ____________

PAYEE'S NAME (Last Name, First Name, Middle Initial) ____________________

SOCIAL SECURITY NUMBER ____________________

PAYEE'S PERMANENT MAILING ADDRESS

ADDRESS: __________________________________________

CITY: ____________________ STATE: ______ ZIP CODE: ________

DEPARTMENT ____________________

ACCOUNT CODE SUBCODE P/F/N AMOUNT

$ ________________

Total $ ________________

PREPARED BY: ____________________ PROJECT DIRECTOR ____________________ DATE

APPROVED BY: ____________________ DEAN/DIRECTOR ____________________ DATE

FISCAL OFFICER ____________________ DATE ____________________ F.O. CODE ________________

NOTE: Use of this form does not automatically exclude the above student from tax liability.
Refer all questions about tax status to the local branch of the Internal Revenue Service.

Origination Date: 4/11/95  Revision Date: 4/27/96
### UNIVERSITY OF HAWAII
FORM INSTRUCTIONS
STUDENT FELLOWSHIP/TRAINEESHIP/STIPEND INITIAL PAYMENT REQUEST (FMIS-36)

<table>
<thead>
<tr>
<th>DATA ITEM</th>
<th>COMPLETION INSTRUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PURPOSE</td>
<td>To process the initial fellowship, traineeship, or stipend payment to a student.</td>
</tr>
<tr>
<td>CAMPUS</td>
<td>Enter campus code. Refer to Table A12.099.</td>
</tr>
<tr>
<td>DATE</td>
<td>Enter date form prepared.</td>
</tr>
<tr>
<td>DOCUMENT NUMBER</td>
<td>Enter 6-digit document number after &quot;F&quot;. First 3 digits, 3-digit Fiscal Officer code. Last 3 digits are sequential control number assignment.</td>
</tr>
<tr>
<td>QUESTIONS A &amp; B</td>
<td>Indicate Yes/No to the questions by placing an &quot;X&quot; in the appropriate box. If question A and question B are answered &quot;Yes&quot; and &quot;No&quot;, respectively, do not use this form.</td>
</tr>
<tr>
<td>DESCRIPTION OF AWARD</td>
<td>Enter the Grant Number and Title, the Total Amount to be Paid, and the Award Period.</td>
</tr>
<tr>
<td>PAYEE'S NAME</td>
<td>Enter payee's last name, first name and middle initial.</td>
</tr>
<tr>
<td>SOCIAL SECURITY NUMBER</td>
<td>Enter payee's social security number.</td>
</tr>
<tr>
<td>PAYEE'S PERMANENT MAILING ADDRESS</td>
<td>Enter payee's permanent mailing address.</td>
</tr>
<tr>
<td>DEPARTMENT</td>
<td>Enter department name.</td>
</tr>
<tr>
<td>VOUCHER NO.</td>
<td>Enter voucher number.</td>
</tr>
<tr>
<td>VENDOR CODE</td>
<td>Enter vendor code.</td>
</tr>
<tr>
<td>ACCOUNT CODE</td>
<td>Enter 6-digit account code.</td>
</tr>
<tr>
<td>SUBCODE</td>
<td>Enter 4-digit subcode. Refer to APM A8.856, Attachment 3).</td>
</tr>
<tr>
<td>TYPE</td>
<td>Predefined.</td>
</tr>
<tr>
<td>P/P/N</td>
<td>Enter &quot;N&quot; for direct payment. If a miscellaneous encumbrance has been issued, enter a &quot;P&quot; for partial payment or &quot;F&quot; for final payment (any remaining encumbrance deleted).</td>
</tr>
<tr>
<td>AMOUNT</td>
<td>Enter amount of fellowship/traineeship/stipend awarded to payee for each account distribution.</td>
</tr>
<tr>
<td>TOTAL</td>
<td>Enter total payment amount.</td>
</tr>
<tr>
<td>SIGNATURES</td>
<td>Signatures and dates are required by appropriate Project Director, Dean/Director and Fiscal Officer.</td>
</tr>
</tbody>
</table>

Submit the original Student Fellowship/Traineeship/Stipend Initial Payment Request and WH-1 document to the Disbursing Office after approvals have been obtained.
### UNIVERSITY OF HAWAII

LIST OF STUDENT FELLOWSHIP/TRAINEESHIP/STIPEND PAYMENTS

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

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>PAYEE'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)</th>
<th>ACCOUNT CODE</th>
<th>SUBCODE</th>
<th>PIF/N</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

TOTAL: $ 

PREPARED BY: ___________________________ PROJECT DIRECTOR: ___________________________ DATE: ___________

APPROVED BY: ___________________________ FISCAL OFFICER: ___________________________ DATE: ___________ F.O. CODE: ___________
## UNIVERSITY OF HAWAII
### FORM INSTRUCTIONS
#### LIST OF STUDENT FELLOWSHIP/TRANEESHIP/STIPEND PAYMENTS (FMIS-36A)

<table>
<thead>
<tr>
<th>DATA ITEM</th>
<th>COMPLETION INSTRUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PURPOSE:</strong></td>
<td>To process subsequent student fellowship, traineeship, or stipend payments. Initial payment required on FMIS-36.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATA ITEM</th>
<th>COMPLETION INSTRUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CAMPUS</strong></td>
<td>Enter campus code. Refer to Table A12.098.</td>
</tr>
<tr>
<td><strong>DATE</strong></td>
<td>Enter date form prepared.</td>
</tr>
<tr>
<td><strong>DOCUMENT NUMBER</strong></td>
<td>Enter 6-digit document number after &quot;F&quot;. First 3 digits, 3-digit Fiscal Officer code. Last 3 digits are sequential control number assignment.</td>
</tr>
<tr>
<td><strong>DEPARTMENT</strong></td>
<td>Enter department name.</td>
</tr>
<tr>
<td><strong>VOUCHER NO.</strong></td>
<td>Enter voucher number.</td>
</tr>
<tr>
<td><strong>SOCIAL SECURITY NUMBER</strong></td>
<td>Enter payee's social security number.</td>
</tr>
<tr>
<td><strong>PAYEE'S NAME</strong></td>
<td>Enter payee's last name, first name and middle initial.</td>
</tr>
<tr>
<td><strong>ACCOUNT CODE</strong></td>
<td>Enter 6-digit account code. If each payment is to same account code, draw a line after first entry. See TYPE.</td>
</tr>
<tr>
<td><strong>SUBCODE</strong></td>
<td>Enter 4-digit subcode. If each payment is to same subcode, draw a line after first entry. See TYPE.</td>
</tr>
<tr>
<td><strong>TYPE</strong></td>
<td>Predefined.</td>
</tr>
<tr>
<td><strong>P/F/N</strong></td>
<td>Enter &quot;N&quot; for direct payment. If a miscellaneous encumbrance has been issued, enter a &quot;P&quot; for partial payment or &quot;F&quot; for final payment (any remaining encumbrance deleted).</td>
</tr>
<tr>
<td><strong>AMOUNT</strong></td>
<td>Enter amount of the fellowship/traineeship/stipend award to payee for each account distribution.</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>Enter total payment amount.</td>
</tr>
<tr>
<td><strong>SIGNATURES</strong></td>
<td>Signatures and dates are required by appropriate Project Director and Fiscal Officer.</td>
</tr>
</tbody>
</table>

Submit the original List of Student Fellowship/Traineeship/Stipend payments to the Disbursing Office after approvals have been obtained.
<table>
<thead>
<tr>
<th>Type of Pymt</th>
<th>FMIS Descr</th>
<th>Purpose</th>
<th>Status</th>
<th>Sub Code</th>
<th>Non reportable</th>
<th>Reportable</th>
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<tbody>
<tr>
<td>FELLOWSHIPS</td>
<td>Grants in Aids</td>
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<td>Non-Employee</td>
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<td>STIPENDS</td>
<td>Grants in Aids</td>
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<td>Non-Employee</td>
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<td>TRAINEESHIPS</td>
<td>Grants in Aids</td>
<td>Travel</td>
<td>Non-Employee</td>
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<td>Foreign Non-Employee</td>
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<td>TRAINEESHIPS</td>
<td>Grants in Aids</td>
<td>Per Diem</td>
<td>Non-Employee</td>
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<tr>
<td>TRAINEESHIPS</td>
<td>Grants In Aids</td>
<td>Boarding/Lodging</td>
<td>Non-Employee</td>
<td>6561</td>
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<td>Foreign Non-Employee</td>
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<td>TRAINEESHIPS</td>
<td>Grants in Aids</td>
<td>Books/Supplies</td>
<td>Non-Employee</td>
<td>6570</td>
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<td>Foreign Non-Employee</td>
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<td>TRAINEESHIPS</td>
<td>Grants in Aids</td>
<td>Dependent Allowance</td>
<td>Non-Employee</td>
<td>6581</td>
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<td>TUITION</td>
<td>Grants in Aids</td>
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<td>Non-Employee</td>
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<td></td>
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<td>Foreign Non-Employee</td>
<td>6513</td>
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</tr>
</tbody>
</table>

Note: Reportable sub codes will be reported on either the IRS 1099 or 1042 form.

* Expenditures for travel are reportable and cannot be classified as business expenditures. These expenditures cannot be substantiated.
**UNIVERSITY OF HAWAII**

**STUDENT FELLOWSHIP/TRAINEESHIP/STIPEND INITIAL PAYMENT REQUEST**

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

**WH-1 MUST BE ATTACHED. OTHERWISE, FORM WILL NOT BE PROCESSED.**

Complete the following to assist in determining the tax status as recommended by the Internal Revenue Service:

A. Does this payment require the recipient to perform certain special services outside of his/her study?
   - [ ] Yes
   - [x] No

B. If above is "yes", are the services required for all students in this field of study?
   - [ ] Yes
   - [ ] No

**Description of Award:**

Grant No. __________ Grant Title __________

Total Amount to be Paid $ 3,120.00

**Award Period**

07/01/96 to 12/31/96

**PAYEE'S NAME** (Last Name, First Name, Middle Initial)

Perez, Donald M.

**SOCIAL SECURITY NUMBER**

XXX-XX-XXXX

**PAYEE'S PERMANENT MAILING ADDRESS**

ADDRESS: 1234 University Ave.

CITY: Honolulu STATE: HI ZIP CODE: 96822

**DEPARTMENT**

Student Affairs

<table>
<thead>
<tr>
<th>ACCOUNT CODE</th>
<th>SUBCODE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>117647</td>
<td>6531</td>
<td>400.00</td>
</tr>
<tr>
<td>117647</td>
<td>6570</td>
<td>120.00</td>
</tr>
</tbody>
</table>

**Total** $ 520.00

**PREPARED BY:**

[Signature]

**PROJECT DIRECTOR**

07/01/96

**APPROVED BY:**

[Signature]

**DEANDIRECTOR**

07/01/96

**FISCAL OFFICER**

[Signature]

07/01/96

NOTE: Use of this form does not automatically exclude the above student from tax liability. Refer all questions about tax status to the local branch of the Internal Revenue Service.

Origination Date: 4/11/95

Revision Date: 4/27/95
# UNIVERSITY OF HAWAII

LIST OF STUDENT FELLOWSHIP/TRAINEESHIP/STIPEND PAYMENTS

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

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>PAYEE'S NAME</th>
<th>ACCOUNT CODE</th>
<th>SUBCODE</th>
<th>TYPE</th>
<th>P/F/N</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Affairs</td>
<td>XXX-XX-XXXXX</td>
<td>PEREZ, Donald M.</td>
<td>11764</td>
<td>6531</td>
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<td>N</td>
<td>400.00</td>
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<tr>
<td></td>
<td>XXX-XX-XXXXX</td>
<td>PEREZ, Donald M.</td>
<td>11764</td>
<td>6570</td>
<td>N</td>
<td>N</td>
<td>120.00</td>
</tr>
</tbody>
</table>

**TOTAL** $520.00

---

**PREPARED BY:**

**PROJECT DIRECTOR**

**APPROVED BY:**

**FISCAL OFFICER**

**DATE** 08/01/96

**DATE** 08/01/96

**DOC. CODE** 007

---

**CAMPUS:** MA

**DATE:** 08/01/96 (MM/DD/YY)

**DOCUMENT NUMBER:** F 007124

---

**Origination Date:** 4/11/95

**Revision Date:** 4/27/95
VENDOR MAINTENANCE FORM

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

1. ACTION:  [ ] ADD  [ ] CHANGE
   Existing Vendor Code No: ______________________________
   Reason for Change: ___________________________________

2. VENDOR/PAYEE NAME: _________________________________

3. TAX ID: _____________________________________________
   Indicate Employer Identification Number (EIN) if available. Social Security Number (SSN) required for all individuals except for aliens.

4. ORDER ADDRESS:
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   CITY: ________________ STATE: __________
   ZIP: ________________ COUNTRY: __________
   PHONE: ____________  EXT: __________
   FAX: ________________

5. REMITTANCE ADDRESS:
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
   CITY: ________________ STATE: __________
   ZIP: ________________ COUNTRY: __________
   PHONE: ____________  EXT: __________
   FAX: ________________

NOTE: Please type or print legibly. Whenever available, attach documentation displaying vendor name and order/remittance address (e.g., Order form, copy of driver's license, etc.). The vendor name and address need not be typed/printed on the form (indicate "see attached" in vendor/payee name field).

PREPARED BY: ______________________________
   NAME  USER ID  DEPARTMENT  PHONE

Deliver or Fax completed form to: Central Vendor Maintenance Group, 1402 Lower Campus Road, Room 16, Honolulu, HI 96822
   FAX: 956-9145  Telephone No.: 956-6873

Original Date: 12/21/94  Revision Date: 5/17/96
### COMPLETION INSTRUCTIONS

To maintain accurate vendor information and to expedite entry of vendors for purchasing and payment documents.

**PURPOSE:**

- Verify existing vendor code or enter new vendor code (if applicable).
- Enter preparer's name, user ID, department, and phone number.
- Enter remittance address, city, state, zip code, country, telephone, and fax number.
- Enter order address, city, state, zip code, country, telephone, and fax number.
- Enter the Employee Identification Number (EIN) or Social Security Number (SSN), whichever applies.
- Enter undersigned name.
- Enter action.
- Enter date.
- Enter campus.
- Complete form as per vendor code.

**SIGNATURES SECTION**

- If change, enter the existing vendor code number and reason for change.
- Add comments as necessary, beginning with VENDOR PAYEE NAME.

**REMITTANCE ADDRESS**

- Order address
- Address
- Address
- Address
- City
- State
- Zip
- Country
- Telephone
- Fax
- Tax ID
- Vendor Payee Name

**VENDORS MAINTENANCE FORM (VMS-12)**

- University of Hawaii