FMIS-2

RESET ALL

CAMPUS: MA

DATE: 08 / 02 / 18 (MM/DD/YY)

UNIVERSITY OF HAWAII
AUTHORIZATION FOR PAYMENT FORM

DOCUMENT NUMBER

A _____

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

UH ID#

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DEPARTMENT

IF PAYMENT IS TO AN INDIVIDUAL, CHECK ONE OF THE FOLLOWING:

Clear

☐ Regular Employee

☐ Non-regular employee (SCOPIS)

☐ Non-Employee

VOUCHER NO.	VENDOR CODE	ACCOUNT CODE	SUBCODE	TYPE	P/F/N	AMOUNT
				0 ↓		
					TOTAL	$ 0.00

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

Origination Date: 3/27/95

Revision Date: 09/08/05