UNIVERSITY OF HAWAII
FORM INSTRUCTIONS
AUTHORIZATION FOR PAYMENT FORM (FMIS-2)

PURPOSE:	The information on this form is used to process direct payments (including reimbursements) and refunds in excess of $100.00.

DATA ITEM	**COMPLETION INSTRUCTIONS**
	All fields must be completed unless noted as optional. Shaded items represent information to be completed by Disbursing. Refer to APM A8.861 for detailed policies and procedures.
CAMPUS	Enter campus code. Refer to Table A12.099.
DATE	Enter date form prepared.
DOCUMENT NUMBER	For direct payments, enter 6-digit document number after "A". First 3 digits, 3-digit Fiscal Officer code. Last 3 digits are sequential control number assignment. For contract (encumbered) payments, enter the assigned Contract Number.
PAYEE'S NAME	Enter name of Payee; vendor (company name) or individual (Last, First, Middle Initial).
SOCIAL SECURITY NUMBER	Enter payee's social security number (if individual).
PERMANENT ADDRESS	Enter permanent mailing address of payee.
REGULAR EMPLOYEE/ NON-REGULAR EMPLOYEE (SCOPIS)/ NON-EMPLOYEE	Mark appropriate box if payee is an individual. Regular employees are those hired on SF-5 or PNF and therefore include faculty, staff and most lecturers, graduate assistants, emergency hires, etc. All other employees are considered to be Non-Regular employees (e.g. casual hires, student assistants) or Non-employees.
DEPARTMENT	Enter department name.
VOUCHER NO.	Enter voucher number.
VENDOR CODE	Enter vendor code.
ACCOUNT CODE	Enter 6-digit account code.
SUBCODE	Enter 4-digit subcode.
TYPE	Predefined.
P/F/N	Enter "N" for direct payments. If a contract or miscellaneous encumbrance has been issued, enter a "P" for partial payment or "F" for final payment (any remaining encumbrance deleted).
AMOUNT TOTAL	Enter amount of disbursement for each account distribution. Enter total payment amount.
DEPOSIT/CREDIT INFORMATION	Optional. Enter information for internal notations only.
DESCRIPTION OF GOODS/ SERVICES AND REASONS FOR PAYMENT	Enter description of goods/services provided and indicate reasons for payments in detail, including as much pertinent information as possible (e.g. nature of payment, period covered by payment, rate of compensation, receipt/invoice numbers, etc.).
AUTHORIZED SIGNATURE OF RECIPIENT	The individual responsible for verification of satisfactory receipt of goods and services must sign and date form. Enter department/unit and telephone number of this individual.
SIGNATURES	Signatures and dates are required by the appropriate approving authority (e.g. Principal Investigator, Project Director, Dean, Director, etc.) and Fiscal Officer.
FOR CENTRAL OFFICE USE	Reserved for Central Office.

Submit the original Authorization For Payment Form and supporting documents
to the Disbursing Office after approvals have been obtained.