

UNIVERSITY OF HAWAII AUTHORIZATION FOR PAYMENT FORM

DATE: ____/____/____
(MM/DD/YY)

DOCUMENT NUMBER

PAYEE'S NAME (Last Name, First Name, Middle Initial)	SOCIAL SECURITY NUMBER
PERMANENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	IF PAYMENT IS TO AN INDIVIDUAL, CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> Regular Employee <input type="checkbox"/> Non-regular employee (SCOPIS) <input type="checkbox"/> Non-Employee
DEPARTMENT	

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

	TOTAL	\$	
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As contractually authorized, all the materials, supplies and services have been received in good order and condition.

_____ AUTHORIZED SIGNATURE OF	_____ DATE	_____ DEPARTMENT/UNIT	_____ TELEPHONE
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APPROVED BY: _____

APPROVING AUTHORITY	DATE
FISCAL OFFICER	DATE

F.O. CODE _____

CENTRAL OFFICE USE ONLY

SPECIAL CENTRAL OFFICE APPROVAL _____

APPROVING AUTHORITY	DATE
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