

UNIVERSITY OF HAWAII
FORM INSTRUCTIONS
PETTY CASH REPLENISHMENT (FMIS-8)

PURPOSE: To process petty cash replenishment claims.

DATA ITEM	COMPLETION INSTRUCTIONS
	All fields must be completed unless noted as <u>optional</u>. Shaded items represent information to be completed by Disbursing. Refer to APM A8.815 for detailed policies and procedures.
	Claims for all fund types may be included on the same form.
CAMPUS	Enter campus code. Refer to Table A12.099.
DATE	Enter date form prepared.
DOCUMENT NUMBER	Enter 6-digit document number after "H". First 3 digits, 3-digit Fiscal Officer code. Last 3 digits are sequential control number assignment.
VOUCHER NUMBER	Enter voucher number.
CUSTODIAN'S NAME	Enter custodian's last name, first name, and middle initial.
VENDOR CODE	Enter Custodian's assigned vendor code.
DEPARTMENT	Enter department name.
	<u>Entries must be double spaced on form.</u>
ACCOUNT CODE	Enter 6-digit account code.
SUBCODE	Enter 4-digit subcode.
TYPE	Predefined.
P/F/N	Enter "N" for direct payments. If a miscellaneous encumbrance has been issued, enter a "P" for partial payment or "F" for final payment (any remaining encumbrance deleted).
AMOUNT	Enter amount per account distribution.
GRAND TOTAL	Enter total petty cash replenishment claim.
SIGNATURES	Signatures and dates are required by appropriate Custodian and Fiscal Officer.

Submit the original Petty Cash Replenishment form, receipts, and supporting documents to the Disbursing Office after approvals have been obtained.
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