

UNIVERSITY OF HAWAII
 FORM INSTRUCTIONS
 IMPREST CHECK REPLENISHMENT (FMIS-9)

PURPOSE:	To process imprest check account replenishment claims.
DATA ITEM	COMPLETION INSTRUCTIONS
	<p>All fields must be completed unless noted as <u>optional</u>. Shaded items represent information to be completed by Disbursing. Refer to APM A8.830 for detailed policies and procedures.</p> <p>Claims for all fund types may be included on the same form. It is recommended that claims for checks issued in different months not be processed on the same FMIS-9 due to the monthly reconciliation requirements.</p>
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/SSN	Enter Custodian's assigned vendor code for all replenishments except short-term student loans. For short-term student loans, indicate custodian's social security number. Short term student loans must be claimed separately from other types of disbursements.
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 imprest checking account replenishment claim. This total should equal total of all imprest check copies attached for replenishment.
SIGNATURES	Signatures and dates are required by appropriate Custodian and Fiscal Officer.

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