

UNIVERSITY OF HAWAII
 FORM INSTRUCTIONS
 UH - INVOICE (FMIS-24)

PURPOSE: To facilitate billing for services rendered by the University of Hawaii.

DATA ITEM	COMPLETION INSTRUCTIONS
All fields must be completed unless noted as <u>optional</u>. Refer to APM A8.651 for detailed policies and procedures.	
CAMPUS	Enter campus code. Refer to A12.099.
DATE	Enter date form prepared.
DOCUMENT NO.	Enter invoice number after "S". First 3 digits, 3-digit Fiscal Officer code. Last 3 digits are sequential control number assignment.
REMIT TO NAME ADDRESS CITY STATE ZIP CODE	Enter name and address of sales/services provider.
DIRECT INQUIRIES TO	Enter contact name and phone number for inquiry.
SOLD TO NAME ADDRESS CITY STATE ZIP CODE	Enter name and address of sales/services receiver.
CUSTOMER FEDERAL I.D. NO. OR SOCIAL SECURITY NO.	Enter customer's Federal I.D. or social security number.
CUSTOMER ORDER NO.	Enter customer's purchase order or requisition number, if available.
ITEM NO./ DESCRIPTION/ QUANTITY/ UNIT PRICE/ AMOUNT	Enter description of product or service.
TOTAL	Enter total amount of sale.
ACCOUNTING ENTRIES:	
DESCRIPTION	Enter brief description of transaction to be recorded (e.g., goods purchased/services rendered, etc.).
ID NUMBER	Enter appropriate customer code or social security number after "C".
ENTRY	Enter corresponding transaction number in numerical sequence (e.g., 1,2,3, etc.).
ACCOUNT CODE	Enter 6-digit account code.
SUB CODE	Enter 4-digit sub code.
DEBIT AMOUNT	Enter amount to Debit.
CREDIT AMOUNT	Enter amount to Credit.

ALL LIGHT YELLOW COPIES MUST BE RETURNED TO THE CENTRAL ACCOUNTING OFFICE.