

UNIVERSITY OF HAWAII  
 FORM INSTRUCTIONS  
 ACCOUNT CONTROL/SOURCE/OBJECT CODE MAINTENANCE FORM (FMIS-25)

<b>PURPOSE:</b>	To maintain accurate account control, source and object code information.
<b>DATA ITEM</b>	<b>COMPLETION INSTRUCTIONS</b>
	<b>All fields must be completed unless noted as optional. Shaded items represent information to be completed by Approving Authority. Refer to APM A8.615 for detailed policies and procedures.</b>
CAMPUS	Enter campus code. Refer to A12.099.
DATE	Enter date form prepared.
ACTION	Check appropriate box.
ACCOUNT CONTROL/ SOURCE/OBJECT CODE	Enter new 4-digit recommended account control, source/object code.
DESCRIPTION	Enter brief description of account control, source/object code. Limited to 35 characters.
PURPOSE	Enter purpose of account control, source/object code.
REQUESTED BY	Enter requester's name, department, phone, signature and date.
FISCAL OFFICER	Enter the Fiscal Officer's name, department, phone, signature, Fiscal Officer code and date.
DISBURSING:	
APPROVED BY/REJECTED BY	Enter signature to approve or reject request.
TITLE/ PHONE/ DATE	Enter approver's title, phone number and date.
REPORTING REQUIREMENTS	Check appropriate box to indicate IRS reporting requirement (if applicable). Related number indicates IRS indicator shown on subcode table.
REASON FOR REJECTION	Enter reason for rejection of request (if applicable).
CGMO:	
APPROVED BY/REJECTED BY	Enter signature to approve or reject request.
TITLE/ PHONE/ DATE	Enter approver's title, phone number and date.
REASON FOR REJECTION	Enter reason for rejection of request (if applicable).
CAO:	
APPROVED BY/REJECTED BY	Enter signature to approve or reject request.
TITLE/ PHONE/ DATE	Enter approver's title, phone number and date.
REASON FOR REJECTION	Enter reason for rejection of request (if applicable).
STATE APPROVAL	Check appropriate box. Attach copies of correspondence with State (if