

UNIVERSITY OF HAWAII
 FORM INSTRUCTIONS
 MISCELLANEOUS ENCUMBRANCE FORM (FMIS-35)

PURPOSE:	To properly record or delete miscellaneous encumbrances.
DATA ITEM	COMPLETION INSTRUCTIONS
	All fields must be completed unless noted as optional. Shaded items represent information to be completed by Disbursing. Refer to APM A8.841 for detailed policies and procedures.
CAMPUS	Enter campus code. Refer to Table A12.099.
DATE	Enter date form prepared.
DEPARTMENT	Enter department name.
ENCUMBRANCE/DELETION	Check the appropriate box.
ACCOUNT CODE	Enter 6-digit account code.
SUBCODE	Enter 4-digit subcode.
TYPE	Predefined.
DOCUMENT NUMBER	Enter 6-digit document number after an alpha prefix (e.g., A, T, F, G, E). First 3 digits, 3-digit Fiscal Officer code. Last 3 digits are sequential control number assignment. The miscellaneous encumbrance number should be the same document number that will be used to process payments. Use the "E" prefix for payroll and interdepartmental charge encumbrances.
DOCUMENT DATE	Enter document date.
DESCRIPTION (VENDOR NAME)	Enter vendor name.
SOCIAL SECURITY NUMBER	Enter individual's social security number
AMOUNT	Enter amount to be encumbered or deleted.
REASON FOR ENCUMBRANCE/ REASON FOR DELETION	Enter reason for encumbrance (e.g., document number, description of goods or services and period covered) or reason for deletion.
SIGNATURES	Signatures and dates are required by individual preparing form and Fiscal Officer.

Submit original Miscellaneous Encumbrance Form to the Disbursing Office after approvals have been obtained.