RESET ALL

FMIS-36A

CAMPUS: MA

DATE: 07 / 21 / 03
(MM/DD/YY)

UNIVERSITY OF HAWAII

LIST OF STUDENT FELLOWSHIP/TRAINEESHIP/STIPEND PAYMENTS

(Shaded items represent information to be completed by Disbursing.)

DOCUMENT NUMBER
F_____

DEPARTMENT

VOUCHER NO.	SOCIAL SECURITY NUMBER	PAYEE'S NAME (LAST NAME, FIRST NAME, MIDDLE)	ACCOUNT CODE	SUBCODE	TYPE	P/F/N	AMOUNT
					9		
					V		
					TOTAL	$	0.00

PREPARED BY: _____ ____/____/____
PROJECT DIRECTOR DATE

APPROVED BY: _____ ____/____/____ _____
FISCAL OFFICER DATE F.O. CODE