

FMIS-1

UNIVERSITY OF HAWAII

CGS ACCOUNT RECORD MAINTENANCE FORM

(Shaded items represent information to be completed by ORS. See reverse side for instructions)

ACTION:

 New Change Delete

Existing GL Account: 0 - _____

Existing SL Account: - - - - -

Existing Award ID: - - - - -

GL ACCOUNT RECORD INFORMATION (Screen 605)

Account Roll-up 1: _____

Account Roll-up 2: _____

Account Roll-up 3: _____

Account Status: _____

Payment Method: _____

Award Start Date: ____ / ____ / ____

Award End Date: ____ / ____ / ____

LOC Pool Designation: _____

LOC Document No.: _____

LOC Code: _____

SL ACCOUNT RECORD INFORMATION (Screen 606)

Account Roll-up 1: _____

Account Roll-up 2: _____

Account Roll-up 3: _____

Account Status: _____

Report Rule: _____

Award Start Date: ____ / ____ / ____

Award End Date: ____ / ____ / ____

Indirect Cost Base: _____

Indirect Cost Rate: 0. _____

Indirect Cost Waiver: _____ (Y/N)

IDC Maximum: _____

Pre-Award: _____ (Y/N)

On/Off Campus: _____ (N/F)

Program Income: _____ (Y/N)

Cost Sharing: _____ (Y/N)

Sub-recipient Monitor: _____ (Y/N)

Sub-recipient Name(s): _____

DATA CONTROL USE ONLY

GL Account: 0 - _____

SL Account: - - - - -

Award ID: - - - - -

Initials: _____

Date: _____