

UNIVERSITY OF HAWAII IMPREST CHECK REPLENISHMENT

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

DOCUMENT NUMBER
H _____
VOUCHER NUMBER

CUSTODIAN'S NAME (Last Name, First Name, Middle Initial)	VENDOR CODE/SSN	DEPARTMENT
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ACCOUNT CODE	SUBCODE	TYPE	P/F/N	AMOUNT
		0 ↓		
			Grand Total	\$

I certify that the attached documents support disbursements properly processed in accordance with imprest checking account procedures. Proper supporting documentation are maintained in office files and are available for review upon request.

 Signature - Custodian _____
Date

I certify that:

- a) the attached documents support disbursements which were issued in accordance with applicable laws, State policies and procedures, University policies and procedures.
- b) the supporting authorization documents were properly approved by the necessary authority.
- c) the individual responsible for verification of satisfactory receipt of goods and services has certified acceptance.
- d) adequate funds are available for the disbursement.

Supporting documents to verify proper authorization and satisfactory receipt of goods and services are maintained in office files and are available for review upon request.

 Signature - Fiscal Officer _____
Date F.O. Code