

# UNIVERSITY OF HAWAII

## JOURNAL VOUCHER - PAYROLL

( See reverse side for instructions )

DATE: \_\_\_\_\_  
( MM/DD/YY )

**EMPLOYEE NAME:** \_\_\_\_\_  
Last, First

**SOC SEC NO:** \_\_\_\_\_ **PAYROLL PAID DATE:** \_\_\_\_\_  
(XXX-XX-XXXX) (MM/DD/YY)

BANK <b>030.</b>	DOCUMENT NO. <b>J</b> _____
TRANSACTION TYPE: <b>063. JOURNAL ENTRY</b>	

NO.	DEBIT		ENC DOC REF NO. 1	AMOUNT	P/F	CREDIT		SERVICE DATE REF NO. 3	DEBIT CC	CREDI CC
	ACCOUNT	SUB				ACCOUNT	SUB			
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

TOTAL (All pages):

A complete and clear explanation of why the adjustment is necessary:

- |  |   |
|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO Does this adjustment involve transferring payroll between imposed and non-imposed accounts. If so, Form D-71 is required.   | <input type="checkbox"/> YES <input type="checkbox"/> NO Does this adjustment involve moving expenditures into or from sponsored agreements? If so, answer the remaining two questions.   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Does this transfer occur more than 90 days after the original transaction? If so, sufficient explanation for why the transfer was not made on a timely basis is required. | <input type="checkbox"/> YES <input type="checkbox"/> NO Does this transfer contradict previously certified effort reports? If so, sufficient explanation for why this transfer contradicts the previously submitted effort report is required. |

PREPARED BY: \_\_\_\_\_  
Print Name and Initial Department Phone Date

APPROVED BY: \_\_\_\_\_  
Print Name and Sign Department Phone Date

**CENTRAL OFFICE USE ONLY**

APPROVED BY: \_\_\_\_\_  
Print Name and Sign Office Phone Date

**030. J** \_\_\_\_\_

