

UNIVERSITY OF HAWAII

ACCOUNT CONTROL/SOURCE/OBJECT CODE MAINTENANCE FORM

ACTION:

NEW

CHANGE

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

Account Control/
Source/Object Code: _____

Description: _____

Purpose: _____

Requested By: _____
Print Name Department Phone

Signature Date

APPROVALS

Fiscal Officer:

Print Name Department Phone

Signature F.O. Code Date

Disbursing:

Approved By Rejected By

Title Phone Date

Reporting Requirement: 1. 1099/1042 2. 1042 3. 1099 4. W2 Payroll 5. W2 Relocation

Reason for Rejection: _____
(If Applicable) _____

CGMO:

Approved By Rejected By

Title Phone Date

Reason for Rejection: _____
(If Applicable) _____

CAO:

Approved By Rejected By

Title Phone Date

Reason for Rejection: _____
(If Applicable) _____

State Approval: Not Required Approved Rejected (See Attachment)