RESET FORM

FMIS-35

UNIVERSITY OF HAWAII

MISCELLANEOUS ENCUMBRANCE FORM

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

CAMPUS: MA

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

Check the appropriate box: [X] Encumbrance (DEBIT) [ ] Deletion (CREDIT)

DEPARTMENT

ACCOUNT CODE	SUBCODE	TYPE	DOCUMENT NUMBER	DOCUMENT DATE	DESCRIPTION (VENDOR NAME)	SOCIAL SECURITY NUMBER	AMOUNT
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						Total	0.00

REASON FOR ENCUMBRANCE (Doc. No./Description/Period Covered) / REASON FOR DELETION:

PREPARED BY: _____ / / DATE

APPROVED BY: _____ / / _____

FISCAL OFFICER DATE F.O. CODE

Origination Date: 2/28/95

Revision Date: 07/21/03