

UNIVERSITY OF HAWAII
FORM INSTRUCTIONS
SPECIAL CHECK DISTRIBUTION (FMIS-37)

PURPOSE: To request for special check distribution.

DATA ITEM

COMPLETION INSTRUCTIONS

All fields must be completed unless noted as optional.

CAMPUS	Enter campus code. Refer to Table A12.099.
DATE	Enter date form prepared.
DOCUMENT NUMBER	Enter document number consistent with payment document submitted.
VENDOR NAME	Enter vendor name.
AMOUNT	Enter amount for check.
ENCLOSURE	Check box if necessary. Attach all enclosures to be submitted with payment.
SPECIAL HANDLE CALL/HOLD CHECK	Enter contact name and phone number.
DEPARTMENT	Enter department name.
SIGNATURES	Signature, Fiscal Officer Code, and date are required by Fiscal Officer.
PRE-AUDIT CLERK	Enter initials indicating review and approval.
CHECK RUN DATE	Enter check run date if necessary.
CHECK NUMBER	Enter check number.
DATE DISTRIBUTED	Enter date check distributed.

Submit the original Special Check Distribution Request with enclosures and the payment documents to the Disbursing Office.
