

RESET FORM

CAMPUS: _____

DATE: _____

UNIVERSITY OF HAWAII

Document Processing & Check Distribution Request

DOCUMENT NUMBER

VENDOR NAME

AMOUNT
\$

Check Distribution:

Special Handle

Department Pick up: _____

Contact Name & Phone #: _____

NOTE: Special Handle checks MUST be picked up from the Disbursing Office on the day the check is printed. Checks that are not picked up will be mailed to the vendor the next business day.

Reason for Special Handle Request:

REQUESTING DEPT: _____

_____ PHONE #

REQUESTED BY: _____

FISCAL OFFICE STAFF

_____ DATE

_____ FO CODE

APPROVED BY: _____

JAMES KASHIWAMURA

_____ DATE