

UNIVERSITY OF HAWAII
FORM INSTRUCTIONS
SPECIAL CHECK DISTRIBUTION (DISB-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 was prepared.
DOCUMENT NUMBER	Enter document number consistent with payment document submitted.
VENDOR NAME	Enter vendor name.
AMOUNT	Enter amount for check.
SPECIAL HANDLE	Enter the department that will pick up the check, contact name and phone number.
REASON	Enter the reason for the special handle request.
REQUESTING DEPARTMENT	Enter department name and phone number
SIGNATURES	Signature, Fiscal Officer Code, and date are required by Fiscal Officer.

Submit form DISB-37 with payment documents to the Disbursing Office. Special handling checks MUST be picked up on the day the check is printed. Checks that are not picked up will be mailed to the vendor the next business day.
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