

UNIVERSITY OF HAWAII LEASE/RENT PAYMENT FORM

CAMPUS:
DATE:

PO NUMBER:
CONTRACT NUMBER:

CONTRACTOR/PAYEE NAME	VENDOR NUMBER	VENDOR FEDERAL TAX NUMBER
CONTRACTOR/PAYEE REMITTANCE ADDRESS	REQUISITIONER PHONE	
	DEPARTMENT	

DESCRIPTION	TOTAL CONTRACT AMOUNT

PAYMENT TERMS	
START DATE	COMPLETION DATE

PAYMENT PROCESSING				
LEASE/RENT PAYMENT:	ACCOUNT CODE	OBJECT	P/F	AMOUNT

AS CONTRACTUALLY AUTHORIZED, LEASE/RENT PAYMENT TO PAY WITHOUT NOTICE OR DEMAND	TOTAL	
---	--------------	--

PRINT FA NAME & SIGNATURE	DATE	FA (FO) CODE	PARITAL PAYMENT	FINAL PAYMENT
---------------------------	------	--------------	-----------------	---------------