

UNIVERSITY OF HAWAII AUTHORIZATION FOR PAYMENT FORM

DATE: ____/____/____
(MM/DD/YY)

DOCUMENT NUMBER

PAYEE'S NAME (Last Name, First Name, Middle Initial)	SOCIAL SECURITY NUMBER
PERMANENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____	IF PAYMENT IS TO AN INDIVIDUAL, CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> Regular Employee <input type="checkbox"/> Non-regular employee (SCOPIS) <input type="checkbox"/> Non-Employee
DEPARTMENT	

VOUCHER NO.	VENDOR CODE	ACCOUNT CODE	SUBCODE	TYPE	P/F/N	AMOUNT
				0 ↓		

	TOTAL	\$	
--	--------------	-----------	--

As contractually authorized, all the materials, supplies and services have been received in good order and condition.

AUTHORIZED SIGNATURE OF _____	DATE _____	DEPARTMENT/UNIT _____	TELEPHONE _____
-------------------------------	------------	-----------------------	-----------------

APPROVED BY: _____

APPROVING AUTHORITY _____	DATE _____
FISCAL OFFICER _____	DATE _____

CENTRAL OFFICE USE ONLY

SPECIAL CENTRAL OFFICE APPROVAL _____

APPROVING AUTHORITY _____	DATE _____
---------------------------	------------