

UNIVERSITY OF HAWAII

CAMPUS: _____

CONTRACT ENCUMBRANCE AND PAYMENT

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

(Shaded items represent information to be completed by Central Administration. See reverse side for instructions)

CONTRACT NUMBER

C _____

CONTRACTOR/PAYEE NAME		VENDOR CODE	VENDOR FEDERAL TAX ID
CONTRACTOR/PAYEE REMITTANCE ADDRESS		REQUISITIONER PHONE	
		DEPARTMENT	
SERVICE	SPECIFICATIONS		TOTAL CONTRACT AMOUNT
ORD REC			
PAYMENT TERMS			
START DATE		COMPLETION DATE	

ENCUMBRANCE PROCESSING

ACCOUNT CODE	OBJECT	AMOUNT	ACCOUNT CODE	OBJECT	AMOUNT	CHECK IF
						<input type="checkbox"/> FEDERAL FUNDS <input type="checkbox"/> TAX CLEARANCE <input type="checkbox"/> NOTICE OF FINAL SETTLEMENT

I CERTIFY THAT SUFFICIENT FUNDS ARE AVAILABLE IN THIS ACCOUNT FOR THIS PURCHASE AND AUTHORIZE THE ENCUMBRANCE THEREOF. I FURTHER CERTIFY THAT THIS PURCHASE IS IN ACCORDANCE WITH APPLICABLE UNIVERSITY POLICIES AND PROCEDURES.

APPROVED BY: _____

FISCAL OFFICER	DATE	F.O. CODE	OPPRM	DATE
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PAYMENT PROCESSING

DESCRIPTION OF PAYMENT:	ACCOUNT CODE	OBJECT	TYPE	P/F	AMOUNT
			0 ↓		

AS CONTRACTUALLY AUTHORIZED, ALL THE MATERIALS, SUPPLIES AND SERVICES HAVE BEEN RECEIVED IN GOOD ORDER AND CONDITION

	TOTAL	
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SIGNATURE OF RECIPIENT DATE

APPROVED BY:

APPROVING AUTHORITY DATE

CONTRACT ADJUSTMENT

PARTIAL PAYMENT FINAL PAYMENT

FISCAL OFFICER	DATE	F.O. CODE
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