

JOHN WAIHEE
GOVERNOR



RUSSEL S. NAGATA
COMPTROLLER
~~XXXXXXXXXXXX~~
ROBERT TAKUSHI
DEPUTY COMPTROLLER

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
AND GENERAL SERVICES

P. O. BOX 119
HONOLULU, HAWAII 96810-0119

JAN 28 1991

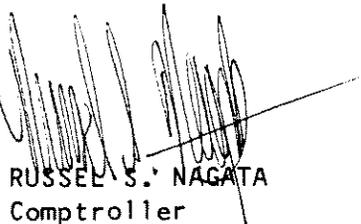
COMPTROLLER'S MEMORANDUM NO. 1991-6

TO: Heads of Departments
ATTN: Administrative and Fiscal Officers
FROM: Russel S. Nagata, Comptroller
SUBJECT: FAMIS Transaction Code 233 (Direct Contract Payment)

This is to inform departments that transaction code 233 is now authorized for direct contract payments. This transaction code may be used for the immediate payment under a contract established in the contract ledger when there is no need for an intermediate reservation of funds through encumbrance. This transaction code may not be used to avoid a contract encumbrance that should be recorded for future payment(s). Any payment coded with transaction code 233 must be a payment authorized under the related contract.

This transaction is coded on the Payment Coding Input Form (C-12) and uses a batch type of "J" for regular batches and a batch type of "5" for interfaced batches. The full input coding requirements are presented in Exhibit I, which presents the FAMIS Transaction Illustration for TC 233.

Should there be any questions regarding this memorandum, please contact Shirley Kaiura at 548-7429.


RUSSEL S. NAGATA
Comptroller

Attachment

FAMIS TRANSACTION ILLUSTRATION

TC: 233 TO RECORD DIRECT CONTRACT PAYMENTS AGAINST UNENCUMBERED AMOUNT IN
CONTRACT LEDGER

<u>DATA ELEMENTS</u>	<u>SIZE</u>	<u>EDIT</u>	<u>DATA ELEMENTS</u>	<u>SIZE</u>	<u>EDIT</u>
TRANS CODE	XXX	R	VENDOR INV NO	12(X)	0
MODIFIER	X	N	INVOICE DATE	6(X)	0
REVERSE	X	0	DOC NO	8(X)	0
FISCAL MONTH	XX	R	DOC SUFF	XX	0
FUND	X	R	DOC DATE	6(X)	0
YEAR	XX	R	REF DOC NO	8(X)	R
APPR'N ACCT	XXX	R	REF DOC NO SUFF	XX	R
DEPT	XX	R	SUBSIDIARY ACCT NO	6(X)	N
ALLOT CAT	XX	N	DEPT OPTIONAL DATA	22(X)	0
SOURCE/OBJECT	4(X)	R	OPT REMIT DATA	25(X)	0
FD DETAIL	XX	N	WARRANT NO	8(X)	N
GAAP FUND	XX	N	WW SUBFUND	X	R
GAAP SUBFUND	XX	N	W R IND	X	0
COST CENTER	4(X)	0	RED TAG IND	X	0
PROJECT NO	6(X)	0	TRANS AMOUNT	9(11)V99	R
PROJECT PHASE	XX	0	FD OVRD	X	0
DEPT ACTV	XXX	0	EDITS:		
G/L ACCT NO	XXX	N	R = REQUIRED		
VENDOR NAME	30(X)	R	0 = OPTIONAL		
VENDOR ADDRESS	120(X)	0	N = NOT ALLOWED		

GENERAL LEDGER TREATMENT:

DR 850 EXPENDITURES COSTS/NON-COSTS
CR 350 AUDITED CLAIMS PAYABLE

COMMENTS: THIS TRANSACTION RECORDS VOUCHERED CLAIMS OF EXPENDITURES RELATED
TO THE UNENCUMBERED PORTION OF A CONTRACT.

FORMS/SOURCE DOCUMENTS: SUMMARY WARRANT VOUCHER - MANUAL (C-08)
PAYMENT CODING INPUT, VENDOR CODE (C-12)
PAYMENT CODING INPUT, VENDOR NAME AND ADDRESS (C-13)

SPECIAL INPUT CODING REQUIREMENTS: SOURCE/OBJECT - 29XX TO 93XX; DOC NO - PAY
CLAIM NO; REF DOC NO - CONTRACT NO