**TO: DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE**
Request is hereby made for approval of the following allotments:

STATE OF HAWAII
# REQUEST FOR ALLOTMENT

**Form to be printed on Legal size (8 1/2 x 14) blue paper.**

Explanation for request should be typed on the back of the form.

DEPARTMENT _____

APPROPRIATION SYMBOL _____
x-xx-xxx-xx

_____
FUND

COMPTROLLER'S NO. _____ DATE _____
xxxxxxxx MM/DD/YY

DEPT. NO. _____

APPROPRIATION TITLE AND ACT NO. OR LAW _____

PROGRAM I.D. NO. AND TITLE _____

_____
MEANS OF FINANCING

ORIGINAL _____ OR AMENDMENT NO. _____

SIGNATURE _____

| ALLOTMENT CATEGORY DESCRIPTION | APPROPRIATION | RESTRICTED | ALLOCATION FOR THIS FISCAL YEAR | ALLOTMENT FOR QUARTER JULY-SEPT | ALLOTMENT FOR QUARTER OCT-DEC | ALLOTMENT FOR QUARTER JAN-MAR | ALLOTMENT FOR QUARTER APR-JUNE | ESTIMATED BALANCE JUNE 30, 20___ | REV |
|---|---|---|---|---|---|---|---|---|---|
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ALLOTMENT ADVICE

TO THE HEAD OF THE DEPARTMENT NAMED ABOVE:
Please be advised that the following allotments have been approved.
Expenditures incurred during each allotment period must be restricted to the amounts approved.

_____
DATE

_____
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
BY DIRECTION OF THE GOVERNOR

| APPROPRIATION | | | | | | ALLOTMENT | ALLOT CAT | 1ST QUARTER AMOUNT | | | 2ND QUARTER AMOUNT | | | 3RD QUARTER AMOUNT | | | 4TH QUARTER AMOUNT | | | ALLOTMENT REVERSIONS | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| APPROPRIATION EST/ INCREASE | | | RESTRICTION INCREASE | | | ALLOT EST/ INCREASE | 10 | TC | xxxxxxxxxxx | xx | TC | xxxxxxxxxxx | xx | TC | xxxxxxxxxxx | xx | TC | xxxxxxxxxxx | xx | REVERSION DECREASE | | |
| TC | xxxxxxxxxxx | xx | TC | xxxxxxxxxxx | xx | | | | | | | | | | | | | | | TC | xxxxxxxxxxx | xx |
| 411 | | | 431 | | | ALLOT DECREASE | 10 | 515 | | | 516 | | | 517 | | | 518 | | | 593 | | |
| APPROPRIATION DECREASE | | | RESTRICTION DECREASE | | | ALLOT EST/ INCREASE | 20 | 511 | | | 512 | | | 513 | | | 514 | | | 593 | | |
| TC | xxxxxxxxxxx | xx | TC | xxxxxxxxxxx | xx | | | | | | | | | | | | | | | | | |
| 412 | | | 432 | | | ALLOT DECREASE | 20 | 515 | | | 516 | | | 517 | | | 518 | | | | | |

INSTRUCTIONS: Prepare in triplicate and submit all copies to the Department of Budget and Finance.
State fully on the reverse side the necessity for requesting amended allotment. Requests for capital outlays must be itemized.

STATE ACCOUNTING FORM A-19
JANUARY 1, 2000 (REVISED)