

STATE OF HAWAII JOURNAL VOUCHER

Department No: _____

Comptroller No: _____

xxxxxxx

Department Date: _____

Comptroller Date: _____

MM/DD/YY

FUND															MM/DD/YY						
SFX	TC	F	YR	APP	D	ALLOT CAT	SOURCE/ OBJECT	COST CENTER	PROJECT		DEPT ACT	G/L ACCT	S/L ACCT	REFERENCE DOC		AMOUNT		M O D	R E V	OPTIONAL DEPARTMENTAL DATA	REMARKS
									NUMBER	PH				NUMBER	SFX						
XX	XXX	X	XX	XXX	XX	XX	XXXX	XXXX	XXXXXX	XX	XXX	XXX	XXXXXX	XXXXXXXXXX	XX	XXXXXXXXXXXX	XX	X	X	x (22)	
EXPLANATION:															DEPARTMENTAL CERTIFICATION:						

															for HEAD OF DEPARTMENT						

															for COMPTROLLER						