Print form on Legal size (8 1/2 x 14) Pink color paper.

STATE OF HAWAII
UNIVERSAL INPUT FORM

Department No.: ____________________ **Comptroller No.:** ____________________

Department Date: ____________________ **Comptroller Date:** ____________________

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FUND

TC	F	YR	APP	D	ALLOT CAT	SOURCE/ OBJECT	FD	GAAP	GAAP SUB-FUND	COST CENTER	PROJECT NUMBER	PROJECT PH	DEPT ACT	G/L ACCT	VENDOR NUMBER	VENDOR SFX	INVOICE NUMBER	INVOICE DATE	CURRENT DOCUMENT NUMBER	CURRENT DOCUMENT SFX
XXX	X	XX	XXX	XX	XX	XXXX	XX	XX	XX	XXXX	XXXXXX	XX	XXX	XXX	XXXXXXXXXX	XX	XXXXXXXXXXXX	MM/DD/YY	XXXXXXXX	XX

DOCUMENT DATE	REFERENCE DOCUMENT NUMBER	REFERENCE DOCUMENT SFX	SUBSIDIARY LEDGER ACCOUNT	OPTIONAL DEPARTMENTAL DATA	OPTIONAL REMITTANCE DATA	WARRANT NUMBER	AMOUNT		MOD	REV	FCO
MM/DD/YY	XXXXXXXX	XX	XXXXXX	X (22)	X (25)	XXXXXXXX	XXXXXXXXXX	XX	X	X	X

EXPLANATION:

DEPARTMENTAL CERTIFICATION:

____________________ ____________________
HEAD OF DEPARTMENT

COMPTROLLER APPROVAL:

____________________ ____________________
COMPTROLLER

STATE ACCOUNTING FORM A-28
JULY 1, 1983