

STATE OF HAWAII  
**ENCUMBRANCE ADVICE**

| ADVISE<br>NUMBER | DATE<br>OF<br>ADVISE | VENDOR     |     | EXPECTED<br>DELIVERY<br>DATE |  |
|------------------|----------------------|------------|-----|------------------------------|--|
|                  |                      | NUMBER     | SFX |                              |  |
| XXXXXXXX         | MM/DD/YY             | XXXXXXXXXX | XX  | MM/DD/YY                     |  |
|                  |                      |            |     |                              |  |

| SFX | TC  | F | YR | APP | D  | OBJECT | COST<br>CENTER | PROJECT |    | DEPT<br>ACT | ESTIMATED COST |    | M | O | D | R | E | V | OPTIONAL DEPARTMENTAL DATA |        |
|-----|-----|---|----|-----|----|--------|----------------|---------|----|-------------|----------------|----|---|---|---|---|---|---|----------------------------|--------|
|     |     |   |    |     |    |        |                | NUMBER  | PH |             | XXXXXX         | XX |   |   |   |   |   |   |                            |        |
| XX  | XXX | X | XX | XXX | XX | XXXX   | XXXX           | XXXXXX  | XX | XXX         | XXXXXXXXXX     | XX | X | X |   |   |   |   |                            | X (22) |
|     |     |   |    |     |    |        |                |         |    |             |                |    |   |   |   |   |   |   |                            |        |
|     |     |   |    |     |    |        |                |         |    |             |                |    |   |   |   |   |   |   |                            |        |
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|     |     |   |    |     |    |        |                |         |    |             |                |    |   |   |   |   |   |   |                            |        |

DATE: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_