

STATE OF HAWAII SUMMARY WARRANT VOUCHER - MANUAL

DATE _____

DEPARTMENT _____

FUND _____

Batch Type (X)	Dept. Code (X X)	Dept. Batch Ref. No. (X X X X X X X X X X)	Trans Fiscal Mo. (X X)	Warrant Writing Subfund (X)	Warrant Routing Indicator (X)	Red Tag Indicator (X)	Payment Type Indicator (X)	Dept. Batch Status (X)	Central Acctng Batch Status (X)	Number of Transactions (X X X X X)	Warrant Amount (X X X X X X X X X X X X) (X X)

VENDOR NAME	VENDOR NUMBER	SFX
X (30)	X X X X X X X X X X X X	X X

ADDRESS - 1	ADDRESS - 2
X (30)	X (30)

ADDRESS - 3	CITY	STATE	ZIP
X (30)	X (19)	X X	X X X X X

TC	INVOICE NUMBER	INV. DATE	AMOUNT	M	R	REF. DOC. NO.	SFX	F	YR	APP	D	ALLOT CAT	SRCE/OBJ
X X X	X X X X X X X X X X X X X X	MM/DD/YY	X X X X X X X X X X X X X X ; X X	X	X	X X X X X X X X X X	X X	X	X X	X X X X	X X	X X	X X X X
	CC X X X X	PROJECT X X X X X X	PH X X	ACT X X X	S/L ACCT X X X X X X X	OPTIONAL REMITTANCE DATA X (25)				OPTIONAL DEPARTMENTAL DATA X (22)			ASD MM/DD/YY

REMARKS:

DISTRIBUTION BY ALLOTMENT CATEGORY							
TC	F	YR	APP	D	ALLOT CAT	AMOUNT	

FOR STATE COMPTROLLER USE		
AUDIT	BY	DATE

I DO HEREBY CERTIFY THAT THE ATTACHED DEMANDS (a) ARE FOR SERVICES WHICH HAVE BEEN FAITHFULLY PERFORMED OR/AND FOR MATERIALS AND SUPPLIES RECEIVED IN GOOD ORDER AND CONDITION, (b) ARE CORRECT IN EVERY RESPECT AND (c) HAVE NOT BEEN PREVIOUSLY PAID.

APPROVED _____
FOR SUBORDINATE OFFICER DIRECTLY RESPONSIBLE

PAYMENT _____
HEAD OF DEPARTMENT

BATCH DATE
BATCH NUMBER
COMPTROLLER Voucher Number