

STATE OF HAWAII
PAYMENT CODING INPUT
VENDOR CODE

PREPARED BY _____ DATE _____
ORGANIZATION _____

DOCUMENT NO. _____
PAGE _____ of _____

Batch Type (X)	Dept. Code (XX)	Dept. Batch Ref. No. (XXXXXXXXXX)	Trans Fiscal Mo. (XX)	Warrant Writing Subfund (X)	Warrant Routing Indicator (X)	Red Tag Indicator (X)	Payment Type Indicator (X)	Dept. Batch Status (X)	Central Acctg Batch Status (X)	Number of Transactions (XXXX)	Warrant Amount (XXXXXXXXXXXXXXXXXX)	REMARKS:
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TC	VENDOR NAME	INVOICE NUMBER	INV. DATE	AMOUNT	M	R	REF. DOC NO.	SFX	F	YR	APP	D	ALLOT CAT	SRCE/OBJ	CC	PROJECT	PH	ACT	S/L ACCT
XXX	X(30)	XXXXXXXXXXXXXXXX	MM/DD/YY	XXXXXXXXXXXXXXXX XX	X	X	XXXXXXXXXX	XX	X	XX	XXX	XX	XX	XXXX	XXXX	XXXXXXXX	XX	XX	XXXXXXXX
	VENDOR NO. SFX	OPTIONAL REMITTANCE DATA					OPTIONAL DEPARTMENTAL DATA					ASD							
	XXXXXXXXXX XX	X(25)					X(22)					MM/DD/YY							