STATE OF HAWAII
PAYMENT CODING INPUT
VENDOR NAME AND ADDRESS

PREPARED BY _____ DATE _____ DOCUMENT NO. _____

ORGANIZATION _____ PAGE _____ of _____

Batch Type (x)	Dept. Code (x x)	Dept. Batch Ref. No. (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)

TC	F	YR	APP	D	ALLOT CAT	SOURCE/ OBJECT	COST CENTER	PROJECT NUMBER	PH	DEPT. ACT	SUBSIDIARY LEDGER ACCT.	OPTIONAL DEPARTMENTAL DATA
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 (22)

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

ADDRESS - 3 X(30)	CITY X(19)	STATE x x	ZIP x x x x x	ASD MM/DD/YY

REF. DOC. NO.	SFX	INVOICE NUMBER	INVOICE DATE	AMOUNT	M	R	OPTIONAL REMITTANCE DATA
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 (25)