

STATE OF HAWAII CONTRACT INPUT

CONTRACT NUMBER	DATE OF DOCUMENT	CONTRACTOR NAME					REFERENCE DOCUMENT	
XXXXXXXX	MM/DD/YY						NUMBER	SFX
							XXXXXXXX	XX
REQUESTED BY		CONTACT AGENCY	CONTRACT AMOUNTS				RET %	CONTRACTOR (VENDOR) CODE
NAME	EXPEND AGENCY		BASIC		EXTRA			XXXXXXXXXX
							XX	
CONTRACT DATES				DESCRIPTION				
BEGIN		EXP. COMPLETION						
MM/DD/YY		MM/DD/YY						

SFX	TC	F	YR	APP	D	OBJECT	COST CENTER	PROJECT		DEPT ACT	AMOUNT		M O D	R E V	OPTIONAL DEPARTMENTAL DATA
								NUMBER	PH						
XX	XXX	X	XX	XXX	XX	XXXX	XXXX	XXXXXX	XX	XXX	XXXXXXXXXXXXX	XX	X	X	X (22)

DATE: _____ AUTHORIZED SIGNATURE: _____