PRINT <- Use this Print button for six-part form (to print required marginals on each copy)

CLEAR FORM

SAVE FORM

Form to be printed on yellow carbonless letter size paper.

STATE OF HAWAII

TREASURY DEPOSIT RECEIPT

FUND	DETAIL FUND OR APPROPRIATION	DATE

SFX	TC	F	YR	APP	D	SOURCE/ OBJECT	COST CENTER	PROJECT NUMBER	PROJECT PH	DEPT ACT	G/L ACCT.	S/L ACCT.	VENDOR NUMBER	VENDOR SFX	AMOUNT	
xx	xxx	x	xx	xxx	xx	xxxx	xxxx	xxxxxx	xx	xxx	xxx	xxxxxx	xxxxxxxxxx	xx	xxxxxxxxxxx	xx

REFERENCE DOC NUMBER	REFERENCE DOC SFX	REV	VENDOR NAME	OPTIONAL DEPARTMENTAL DATA
xxxxxxxx	xx	x	x (30)	x (22)

REMARKS:

TOTAL DEPOSIT	0.00
KINDS OF DEPOSIT	
BANK DEPOSITS	
ELECTRONIC FUNDS TRANSFER	
CREDIT CARD PROCESSING	
OTHERS	
TOTAL DEPOSIT	

DISTRIBUTION COPIES

COPY #1 - STATE TREASURY

COPY #2 - STATE COMPTROLLER

COPY #3 - DEPARTMENT FISCAL OFFICE

COPY #4 - DEPARTMENT FISCAL OFFICE (FOLLOW-UP COPY)

COPY #5 - DEPARTMENT FISCAL OFFICE

COPY #6 - DEPARTMENT FISCAL OFFICE

DEPARTMENT

SIGNATURE OF AUTHORIZED PERSON

RECEIPT OF DEPOSIT HEREBY ACKNOWLEDGED BY FINANCE DIVISION, DEPT. OF BUDGET & FINANCE

SIGNED

DEPOSITORY'S NO. DATE