

STATE OF HAWAII APPLICATION FOR INVESTMENTS

TYPE OR PRINT		FOR B & F USE ONLY: <input type="checkbox"/>		CORRECTION				
1. REQUESTING AGENCY - DEPARTMENT		2. REQUESTING AGENCY - DIVISION		3. CODE		4. REQUEST DATE		
				DEPT. XX	DIV. XXX	MM	DD	YYYY

	5. AMOUNT OF PURCHASE				6. INVESTMENT PERIOD					
	XXXXXXXX				XX					
	FROM			MM	DD	YYYY	TO	MM	DD	YYYY

7A. APPROPRIATION TO BE CHARGED	7B. ACCOUNT CODE TO BE CHARGED													
	SFX	TC	F	YR	APP	D	ALLOT CAT	COST CENTER	PROJECT		DEPT ACT	SUBSIDIARY LEDGER A/C	AMOUNT	
	XX	XXX	X	XX	XXX	XX	XX	XXXX	XXXXXX	XX	XXX	XXXXXX	XXXXXXXXXXXX	XX

8. WE CERTIFY THAT THERE ARE SUFFICIENT FUNDS IN THE APPROPRIATION TO BE CHARGED FOR THE PURPOSE OF THE ACTION REQUESTED HEREIN.

SIGNATURE: FISCAL OFFICER _____ DATE _____

FOR DIRECTOR OF FINANCE USE ONLY

9. TYPE OF INVESTMENT (Check One Only)

01 <input type="checkbox"/> TIME CERTIFICATE OF DEPOSIT	08 <input type="checkbox"/> FEDERAL HOME LOAN MORTGAGE CORPORATION
02 <input type="checkbox"/> REPURCHASE AGREEMENT	09 <input type="checkbox"/> COMMERCIAL PAPER
03 <input type="checkbox"/> STUDENT LOAN	10 <input type="checkbox"/> TREASURY BILL
04 <input type="checkbox"/> FEDERAL HOME LOAN BANK	11 <input type="checkbox"/> TREASURY BOND
05 <input type="checkbox"/> FEDERAL NATIONAL MORTGAGE ASSOCIATION	12 <input type="checkbox"/> TREASURY NOTE
06 <input type="checkbox"/> GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	13 <input type="checkbox"/> OTHER
07 <input type="checkbox"/> FEDERAL AGRICULTURAL MORTGAGE ASSOCIATION	14 <input type="checkbox"/>

10. INVESTMENT NUMBER _____

11. INVESTMENT POOL Y N B

12. INTEREST RATE _____ %

13. PROJECTED INTEREST \$ _____

14. FINANCIAL INSTITUTION

01 BANK OF HAWAII	07 TERRITORIAL SAVINGS BANK	13
02 FIRST HAWAIIAN BANK	08 FIRST FOUND'N BANK	14
03 CENTRAL PACIFIC BANK	09 B of A SECURITIES	15
04 HAWAII NATIONAL BANK	10 VINING SPARKS	16
05 OHANA PACIFIC BANK	11 UBS FINANCIAL	17
06 AMERICAN SAVINGS BANK, F.S.B.	12 FHN FIN.CAP.MKT.	18

15. REMARKS	18. COMPTROLLER			
	DATE			NUMBER
	MM	DD	YYYY	XXXXXXXX
16. EXECUTED AS APPLIED FOR	17. DATE OF ACTION			
	MM	DD	YYYY	
SIGNATURE: DEPUTY DIRECTOR OF FINANCE _____				