



### Authorization for Payment Form

Submit original invoice with this form

	Date	<input type="text"/>	Payment Req. No.	<input type="text"/>
Payee's Name	<input type="text"/>		Vendor Code	<input type="text"/>
Payee's Permanent Address, Street/PO Box, City, State, Zip	<input type="text"/>		Document Number	<input type="text"/>
Direct Inquiries on This Request To	<input type="text"/>	Phone Number	<input type="text"/>	FA Staff to Review
				<input type="text"/>

Line	Project #	Sub Project	Budget Category	Sub Budget Category	Service Date	Description	Amount
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>GRAND TOTAL</b>							<input type="text"/>

**Reasons for Payment** (Including Period Covered, Rate of Compensation, Reference to Letters)

**PROJECT PAYMENT APPROVAL:** I certify that services have been rendered and/or that the materials, supplies and incidentals have been received in good order and condition and are in direct support of the program as indicated in the project number block.

Signature	Date
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Principal Investigator	

Signature	Date
<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Fiscal Administrator	

**Remittance Information:**

Remittance Advice

Line	Invoice/Reference Number	Amount
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>		<input type="text"/>

If the mailing address is different from above, fill out the fields below. Otherwise, the check will be mailed to the address above.

Name	<input style="width:90%;" type="text"/>
Attn.	<input style="width:90%;" type="text"/> (optional)
Street	<input style="width:90%;" type="text"/>
(required)	
City, State	<input style="width:90%;" type="text"/>
(required)	
Zip Code	<input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> (required)

Return this remittance advice and check to fiscal office.

**Questions on Remittance? - Call**

Name

Phone Number

**Equipment Inventory:**

	Item #1	Item #2	Item #3	Item #4	Item #5
<b>1. DESCRIPTION</b> - Use generic names; (e.g. 3COM CELLPLEX = Interface card)					
<b>2. BRAND NAME &amp; MODEL NUMBER</b> - If none, state NONE					
<b>3. SERIAL NUMBER</b> - If none, state NONE					
<b>4. COST OF ITEM</b>					
<b>5. BUILDING NAME AND ROOM NO.</b> (Location of equipment)					
<b>6. TITLE/OWNERSHIP</b>	<input type="radio"/> University of Hawaii <input type="radio"/> Fed. Government <input type="radio"/> Other Agency	<input type="radio"/> University of Hawaii <input type="radio"/> Fed. Government <input type="radio"/> Other Agency	<input type="radio"/> University of Hawaii <input type="radio"/> Fed. Government <input type="radio"/> Other Agency	<input type="radio"/> University of Hawaii <input type="radio"/> Fed. Government <input type="radio"/> Other Agency	<input type="radio"/> University of Hawaii <input type="radio"/> Fed. Government <input type="radio"/> Other Agency
<b>7a. NAME OF PREPARER</b>					
<b>7b. PHONE NUMBER OF PREPARER</b>					
<b>8. EQUIPMENT COMPONENT:</b> IF additional component and Cost is >=\$1,000 and item will be incorporated or attached to a host/parent equipment item, provide Decal# or PO# of host/parent Standalone.(If not applicable, state N/A)					
<b>9. FABRICATED EQUIPMENT:</b> (a) If initial purchase provide end product name (b) If addition to fabrication, provide Decal# or PO# of Initial fabrication purchase (If not applicable, state N/A in both (a) and (b))	(a) Product Name [ ] (b) Decal# or PO# [ ]	(a) Product Name [ ] (b) Decal# or PO# [ ]	(a) Product Name [ ] (b) Decal# or PO# [ ]	(a) Product Name [ ] (b) Decal# or PO# [ ]	(a) Product Name [ ] (b) Decal# or PO# [ ]
<b>10. EQUIPMENT RECEIVED DATE</b>	[ ]	[ ]	[ ]	[ ]	[ ]

**If the Equipment Inventory form has not been completed, please click the following:**

I will complete and submit an Equipment Inventory form manually and forward it to my Fiscal Office who will then forward it to the RCUH Central Office.

**Internal Comments**