

Attachment E

STATE OF HAWAII DEPARTMENT OF EDUCATION DIRECT PAYMENT/INVOICE FORM

C H A R G E T O	School/Unit _____
	D/O _____ Batch Org _____
	Address _____
	City _____ State _____ Zip _____
	Vendor No. _____ Suffix _____

I N V O I C E	Invoice No. _____
	Invoice Date _____
	(Vendor's) Acct. No. _____
	Receive Date _____
	Approval No. _____

P A Y T O	Vendor Name _____
	Address _____
	City _____ State _____ Zip _____
	Country _____

Check Routing:

Mail to Vendor

Return to Preparer

Approval to Pay:

Regular Payment

Invoice with Check

Mileage/Travel

LINE	QTY	U/M	COMMODITY ID	DESCRIPTION	UNIT COST	TOTAL
001						
002						
003						
004						
005						
006						

ACCOUNTING INFORMATION

SFX	ORG ID.	PROG. ID	BFY	D/O	Object	Dtl	Grant	FY	Project	FY	AMOUNT
01											
02											
03											
04											
05											
06											
Accounting Total											

Subtotal	
Tax	
Freight/Other	
TOTAL	

I certify the above may be paid in full.

AUTHORIZED SIGNATURE DATE

Prepared By _____	Date _____
Posted By _____	Date _____
Payment No. _____	ATP No. _____