SOEST CASUAL & OVERLOAD PAYMENT FORM

PAYEE'S INFORMATION

NAME (Last Name, First Name): Last, First

UH ID NUMBER: XXXXXXXX

PAYROLL NUMBER: SELECT PAYROLL NUMBER

WARRANT DISTRIBUTION: 000

DEPARTMENT NAME: XXXXXXXX

PAYMENT INFORMATION

CHART CODE & 7 DIGIT ACCT # MA XXXXXXX **AMOUNT** $ 0.00

***If payment should be split amongst different accounts please list each account separately**

AMOUNT

AMOUNT

AMOUNT

Check Pay Rate Basis (Hourly OR Salary - Choose only one)

○ HOURLY BASIS ◉ SALARY BASIS

Gross Salary for Current Period:

Current Pay Period: From: 01/01/19 To: 01/15/19

*NOTE: If prior pay periods are included in the current gross salary, please enter the # of pay periods below and complete the table to show the payment breakdown for each pay period.

*No. of Pay Periods (If more than one):

Payment Breakdown Table for Multiple Pay Periods ONLY (*SEE NOTE)	
Pay Period	Amount

SIGNATURE OF CERTIFYING OFFICER (PI, CHAIR, DEPT HEAD, OR DEAN):

I certify that the above services were received for the benefit of the University of Hawaii and that payment for such has not been previously made.

DATE

FORM PREPARED BY:

FISCAL OFFICE USE ONLY **Attached:** ____ **Email** ____ **Signing Authority** ____ **Calc Sheet**

Date Received:
Approved By:
Approved Date:
FO Code:

FINAL OR PARTIAL #
Payment Amount: $
OL Total Paid: $
Remaining Balance: $

Updated 7/12/19