

ATTACHMENT 6



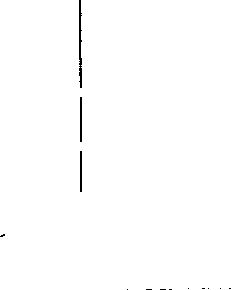
STATE OF HAWAII DOH

(HEER) HAZARD EVALUATION AND EMERGENCY RESPONS,E OFFICE



.JOURNAL VOUCHER REMITTANCE FOR HEPCRA FEE:.

Please use the mimbers below for the TIER II PAYMENT



SFX

xx

01

TC F YR

xxx x xx

805 s

APP

xxx

342

D

xx

H

ALLOT

SOURCE/

COST

PROJ. NO.

I

DEPT

G/L

S/L

REFERENCE DOC

CAT

AMOUNT

xx

OBJECT

xxxx

1115

CENTER

xxxx

xxxxxx

000338

NUMBER

PH

xx

00

xxx

371

ACT

ACCT ACCT NUMBER SFX

xxx KXXXX> xxxxxxxx xx XXXXXI xx

2oo I oo



SAMPLE JOURNAL VOUCHER



For State Agencies Only



NAME OF FACILITY SHOULD BE INCLUDED IN EXPLANATION BOX.

Questions can be directed to: [sharon.leonida@doh.hawaii.com](mailto:sharon.leonida@doh.hawaii.com)



