

STATE OF HAWAII
DOH
(HEER) HAZARD EVALUATION AND EMERGENCY RESPONSE OFFICE

JOURNAL VOUCHER REMITTANCE FOR HEPICRA FEE:

Please use the numbers below for the TIER II PAYMENT

SFX	TC	F	YR	APP	D	ALLOT CAT	SOURCE/ OBJECT	COST CENTER	PROJ. NO.		DEPT ACT	G/L ACCT	S/L ACCT	REFERENCE DOC		AMOUNT	
									NUMBER	PH				NUMBER	SFX		
XX	XXX	X	XX	XXX	XX	XX	XXXX	XXXX	XXXXXXXX	XX	XXX	XXX	KXXXX>	XXXXXXXXXX	XX	XXXXX	XX
01	805	S	26	342	H		1115		000338	00	371					200	00

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.gov