



Invoice#: _____

Date: _____

TO: _____

If Applicable:
 UH PO#: _____
 RCUH PO#: _____

Description of Service	Distribution Base	Rate	Amount
TOTAL CHARGES			

PO and other recharges: RCUH PO #	Vendor Name	Amount
TOTAL INVOICE		

I certify this invoice is true and correct: _____

 Revolving Account PI/Project Manager

Payment via RCUH Journal Entry (Send completed/signed invoice to RCUH Accounting for processing):

Charge to RCUH Project No.: _____ Budget Category: _____
 UH Account : _____ Object Code: _____

I certify:
 (a) Receipt and acceptance of goods/services;
 (b) Allowability of expenditure to the project; and
 (c) Availability of funds.

 Signature of Principal Investigator Date

 Signature of Fiscal Officer Date

Payment via Check:

Please make check payable to: The Research Corporation of the University of Hawaii
 Remit to: _____

 Ref. invoice no. _____

Credit: Project No.: _____ Budget Category: _____ (UH/internal)
 Budget Category: _____ (non-UH/external)