TO: DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
Request is hereby made for approval of the following allotments:

STATE OF HAWAII
REQUEST FOR ALLOTMENT

Print form on Legal size (8 1/2 x 14) Blue color paper.

Explanation for request should be typed on the back of the form. Verify that "Document and Markups" is selected in Comments and Forms of the Print menu.

DEPARTMENT _____ COMPTROLLER'S NO. _____ DATE _____
xxxxxxxx MM/DD/YY

APPROPRIATION SYMBOL _____
x-xx-xxx-xx

_____
FUND

DEPT. NO. _____

APPROPRIATION TITLE AND ACT NO. OR LAW _____ ORIGINAL _____ OR AMENDMENT NO. _____

PROGRAM I.D. NO. AND TITLE _____

_____
MEANS OF FINANCING

SIGNATURE _____

ALLOTMENT CATEGORY DESCRIPTION	APPROPRIATION	RESTRICTED	ALLOCATION FOR THIS FISCAL YEAR	ALLOTMENT FOR QUARTER JULY-SEPT	ALLOTMENT FOR QUARTER OCT-DEC	ALLOTMENT FOR QUARTER JAN-MAR	ALLOTMENT FOR QUARTER APR-JUNE	ESTIMATED BALANCE JUNE 30, 20__	REV
Personnel Services									
10 - Personnel Services	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	
Other Current Expenses									
20 - Other Current Expenses	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	
	0.00	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	

ALLOTMENT ADVICE

TO THE HEAD OF THE DEPARTMENT NAMED ABOVE:
Please be advised that the following allotments have been approved.
Expenditures incurred during each allotment period must be restricted to the amounts approved.

_____
DATE

_____
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
BY DIRECTION OF THE GOVERNOR

APPROPRIATION						ALLOTMENT	ALLOT CAT	1ST QUARTER AMOUNT			2ND QUARTER AMOUNT			3RD QUARTER AMOUNT			4TH QUARTER AMOUNT			ALLOTMENT REVERSIONS		
APPROPRIATION EST/ INCREASE			RESTRICTION INCREASE																			
TC	xxxxxxxxxxx	xx	TC	xxxxxxxxxxx	xx	ALLOT EST/ INCREASE	10	511			512			513			514			REVERSION DECREASE		
411			431			ALLOT DECREASE	10	515			516			517			518			TC	xxxxxxxxxxx	xx
APPROPRIATION DECREASE			RESTRICTION DECREASE																	593		
TC	xxxxxxxxxxx	xx	TC	xxxxxxxxxxx	xx	ALLOT EST/ INCREASE	20	511			512			513			514			593		
412			432			ALLOT DECREASE	20	515			516			517			518					

INSTRUCTIONS: Prepare in triplicate and submit all copies to the Department of Budget and Finance.
State fully on the reverse side the necessity for requesting amended allotment. Requests for capital outlays must be itemized.

STATE ACCOUNTING FORM A-19
JANUARY 1, 2000 (REVISED)