

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

STATE OF HAWAII  
**REQUEST FOR ALLOTMENT**

FOR RECORDS PURPOSES ONLY

FY 20 CB Admin Acct Initial Allmt - SAMPLE 6

DEPARTMENT ACCOUNTING AND GENERAL SERVICES

APPROPRIATION SYMBOL G-20-XXX-M  
X-XX-XXX-XX

Enter dept FY 20  
admin acct for MOF

General  
FUND

Label as "For  
Records Purposes  
Only." All  
transactions to be  
done via JV.

COMPTROLLER'S NO. \_\_\_\_\_ DATE \_\_\_\_\_  
XXXXXXXXX MM/DD/YY

APPROPRIATION TITLE AND ACT NO. OR LAW Act 48, SLH 2020; Collective Bargaining  
PROGRAM I.D. NO. AND TITLE AGS901, General Administrative Services

CB Act for  
FY 20

A

DEPT. NO. XXX-XX

ORIGINAL X OR AMENDMENT NO. \_\_\_\_\_

Indicate  
Original

SIGNATURE \_\_\_\_\_

MEANS OF FINANCING

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	REVERT
Personal Services Trf in from Act 48, SLH 2020  Transfer in from Act 48, SLH 2020 (via A-15).			200,000	200,000					N
<b>10 - Personal Services</b>	0	0	200,000	-	200,000	0	0		
Other Current Expenses									
<b>20 - Other Current Expenses</b>	0	0	0	-	-	0	0		
	0	0	200,000	-	200,000	0	0		

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		ALLOT EST/ INCREASE	10	TC	XXXXXXXXXX	XX	TC	XXXXXXXXXX	XX	TC	XXXXXXXXXX	XX	TC	XXXXXXXXXX	XX
411		431				ALLOT DECREASE	10	515		516		517		518			
APPROPRIATION DECREASE		RESTRICTION DECREASE		ALLOT EST/ INCREASE	20	TC	XXXXXXXXXX	XX	TC	XXXXXXXXXX	XX	TC	XXXXXXXXXX	XX	TC	XXXXXXXXXX	XX
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.