			SIAIE OF HAWAII	
		e'	REQUISITION & PURCHASE	ORDER
	•	.TH		
	Haz	Eval	& Emerg Resp Office	HTH 84
_		FUNCTION A		

UNIT

X X X

621

Х хх X X X

236

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ND ACTIVITY

NOTICE TO VENDORS

Conditions of purchase are listed on the back side of this purchase order. Please read carefully. Payments may be delayed if all steps are not followed.

MELODY CALISAY (BU 13) c/o Department of Health Honolulu, HI 96814-4920

The State of Hawaii is an EQUAL EMPLOYMENT OPPORTUNITY and AFFIRMATIVE ACTION employer. We encourage the participation of women and minorities in all phases of employment.

X X X X

4310

000249

DESCRIPTION

MEAL ALLOWANCE FOR SAME DAY INTRA-ISLAND TRAVEL.

00730660 **PURCHASE** ORDER NO.

Date 04 21 2003 Deliver Before ___

DELIVERY ADDRESS

Haz Eval & Emerg Resp (HEER) 919 Ala Moana Boulevard, Room 206 Honolulu, HI 96814-4920

UNIT PRICE

AMOUNT

20.00

BILLING ADDRESS

(Same as above)

OBJECT

4310

		DESTI	NATI 4/ SE:	ATTEN	L/LIH DEP. D COM	HUE/HNL 7:58 A.M	NVOLVI	EMENT M	01 P.M. MEETING FOR			10.00
	Keith E	Kawa		A		6–4249 TELEPHONE		DUCHER UMBER	AUTHENTICATED E	3Y:		30.00
						· 13 - 03],]	•	Management	ALITHOR	IZED SIGNATURE	ANIVUL X
GOODS/SERVICES RECEIVED IN GOOD ORDER AND CONDITION BY DATE FOR DEPARTMENT							<u> </u> DEPARTMENT U					
00000	VENDOR WBER XXXXXX	R										
SFX TO	F YF	R APP	D	OBJECT	CC	PROJ NO. P	'H ACT	ESTI	MATED COST	ACTUAL CO	OST MR	OPT DEPT DATA

37

lo3

30100

Worksheet

For Taxable Subsistence Allowance

for Same Day Travel

Α.	Employee Name _	Melody Calisay	s.s.	# 556-87-8561	Payroll #HUS	
B.	Date of Travel	4/23/03				
c.	Destination	Kauai	•			
D.	Total Subsisten	ce Allowance Claim	ed	Pay Code-	\$ 20.00	
*	The navroll numbe	r can be obtained	from bloc	rk 13 of the em	mlovee's SE-5	

Distribution:

- 1. I copy attached to the pink purchase order when processing the subsistence allowance for payment.
- 2. 1 copy for the employee.

Revised: 07/13/99