Request is hereby made for approval of the following allotments:

**DEPARTMENT**

**AGRICULTURE**

**APPROPRIATION SYMBOL**

S-14-220-A (Inspection & Grading of Fishery)

**APPROPRIATION TITLE AND ACT NO. OR LAW**

Act 134, SLH 2013/Act 122, SLH 2014

**PROGRAM I.D. NO. AND TITLE**

AGR 151, Quality and Price Assurance

**SIGNATURE**

**FUND**

Means of Financing for subaccount should follow parent account.

**Note:** 2nd Year is FY15.

**TO:** DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE

**A-19 SUBACCOUNT (2ND YEAR)**

**COMPROLLER’S NO.**

**DEPT. NO.**

A008

**ORIGINAL**

OR AMENDMENT NO.

4

**SIGNATURE**

**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.

---

### ALLOTMENT CATEGORY

<table>
<thead>
<tr>
<th>Description</th>
<th>Appropriation Category</th>
<th>Appropriation ID and Title, as identified in Act. Program I.D No. should follow parent account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Services</td>
<td>10 - Personal Services</td>
<td>12,000.00 0.00 12,000.00 0.00 12,000.00 0.00</td>
</tr>
<tr>
<td>Other Current Expenses</td>
<td>20 - Other Current Expenses</td>
<td>4,000.00 0.00 4,000.00 0.00 4,000.00 0.00</td>
</tr>
</tbody>
</table>

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### ALLOTMENT REVERSIONS

<table>
<thead>
<tr>
<th>Appropriation</th>
<th>Allocation Cat</th>
<th>1st Quarter Amount</th>
<th>2nd Quarter Amount</th>
<th>3rd Quarter Amount</th>
<th>4th Quarter Amount</th>
<th>Allocation</th>
<th>Estimated Balance</th>
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</thead>
<tbody>
<tr>
<td>10</td>
<td>511</td>
<td>1,500.00</td>
<td>512</td>
<td>1,500.00</td>
<td>513</td>
<td>1,500.00</td>
<td>6,000.00</td>
</tr>
<tr>
<td>20</td>
<td>511</td>
<td>500.00</td>
<td>512</td>
<td>500.00</td>
<td>513</td>
<td>500.00</td>
<td>2,000.00</td>
</tr>
</tbody>
</table>

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**INSTRUCTIONS:** Prepare in duplicate 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.

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**STATE OF HAWAII**

**REQUEST FOR ALLOTMENT**

**STATE ACCOUNTING FORM A-19**

**JANUARY 1, 2000 (REVISED)**

**SAMPLE 5**
Initial A-19 for second year (FY15), to provide continue expenditure ceiling for grant.