

TO: DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE

Request is hereby made for approval of the following allotments:

DEPARTMENT AGRICULTURE

APPROPRIATION SYMBOL S-14-220-A (Inspection & Control)  
X-XX-XXX-XX

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

# STATE OF HAWAII REQUEST FOR ALLOTMENT

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

COMPTROLLER'S NO. \_\_\_\_\_

Continue amendment number from last year.

DEPT. NO. A008

ORIGINAL \_\_\_\_\_ OR AMENDMENT NO. 4

SIGNATURE \_\_\_\_\_ **Note: 2nd Year is FY15.**

Appropriation symbol remains the same as FY14. May include account title

Insert "Special"

SPECIAL

Means of Financing for subaccount should follow parent account.

FUND

N

MEANS OF FINANCING

ALLOTMENT CATEGORY DESCRIPTION	APPROPRIATION	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, 2015	REVIEW
Personal Services		12,000.00	1,500.00	1,500.00	1,500.00	1,500.00	6,000.00	N
10 - Personal Services	0.00	12,000.00	1,500.00	1,500.00	1,500.00	1,500.00	6,000.00	
Other Current Expenses		4,000.00	500.00	500.00	500.00	500.00	2,000.00	N
20 - Other Current Expenses	0.00	4,000.00	500.00	500.00	500.00	500.00	2,000.00	
	0.00	16,000.00	2,000.00	2,000.00	2,000.00	2,000.00	8,000.00	

Subsequent amendments should include descriptions.

Enter program ID and Title, as identified in Act. Program ID No. should follow parent account

Enter reversion indicator "N"

No amount should be entered for a federal grant account.

Amounts in this column should total to the unencumbered / unexpended amount (i.e. appropriation balance) at the end of first year (by cost element). Departments may use estimates pending closing of prior fiscal year.

Estimated balance to be expended in subsequent fiscal years.

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

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	TC	XXXXXXXXXX	XX	TC	XXXXXXXXXX	XX	TC	XXXXXXXXXX	XX	TC	XXXXXXXXXX
411		ALLOT DECREASE	10	515		516		517		518		593	
412	432	ALLOT DECREASE	20	515		516		517		518			

Do not insert amount for carryover. Check lapsing dates.

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.

SAMPLE 5

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

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