

TO: DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE

STATE OF HAWAII REQUEST FOR ALLOTMENT

FAMS ID: 2667

Request is hereby made for approval of the following allotments:

COMPTROLLER'S NO _____ DATE 05/21/21
XXXXXXXX MM/DD/YY

DEPARTMENT BUDGET AND FINANCE
 APPROPRIATION SYMBOL S-21-248-O
X-XX-XXX-XX

SPECIAL
FUND

DEPT. NO. _____

APPROPRIATION TITLE AND ACT NO. OR LAW Non-Appropriated
 PROGRAM I.D. NO. AND TITLE BUF 101 - Coronavirus State Fiscal Recovery Fund

V
MEANS OF FINANCING

ORIGINAL OR AMENDMENT NO. _____

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__	R E V
Personal Services									↑
10 - Personal Services									
Other Current Expenses Ceiling increase approved 05/19/21 and allotment			1,641,602,609.60				1,641,602,609.60		N ↑
20 - Other Current Expenses			1,641,602,609.60	-	-	-	1,641,602,609.60		Enter "N" to indicate non-reversion.
			1,641,602,609.60	-	-	-	1,641,602,609.60		

Appn Acct for fed awards may be designated as "non-reversion" thus:
 (1) Qtrly allot bal will not automatically revert at the end of each qtr; and
 (2) allot bal do not need to be reallocated each qtr to be expended.

Enter "N" to indicate non-reversion.

Amount cannot exceed the total award amount shown on the FAMS record.

Enter amount to establish appropriation ceiling.

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	REVERSION DECREASE
TC	XXXXXXXXXX	XX	TC	XXXXXXXXXX	XX										
411	1,641,602,609	60	431		10	511			512			513			514
				ALLOT DECREASE	10	515			516			517			518
															593
APPROPRIATION DECREASE		RESTRICTION DECREASE		ALLOT EST/ INCREASE	20	TC	XXXXXXXXXX	XX	TC	XXXXXXXXXX	XX	TC	XXXXXXXXXX	XX	
TC	XXXXXXXXXX	XX	TC	XXXXXXXXXX	XX										
412			432		20	511			512			513			514
				ALLOT DECREASE	20	515			516			517			518
															593

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.