



Aukahi FMS

SUPPLIER TABLE MAINTENANCE FORM

Employee/Parent's - Mileage / Per Diem / Reimbursement

SCHOOL/OFFICE INFORMATION

School/Office

ORG #:

Contact Person (e.g. SASA, Account Clerk, etc.)

Phone # (and extension if any)

Fax #:

Instructions: Add or change up to three (3) Employee/Parent Suppliers. Submit completed/approved form to the Vendor Payment Unit. **NOTE: A copy of employee's Notification of Personnel Action Form 5 or driver's license must be submitted for name and address verification.**

email to: g-ofs-vendor-payment-unit@k12.hi.us (preferred) Fax: (808) 586-4106

PRINCIPAL/ADMINISTRATOR'S AUTHORIZATION (REQUIRED)

Print Principal/Administrator's Name and Title

Principal/Administrator's signature

Date

SUPPLIER INFORMATION

NEW

CHANGE

SUPPLIER #:

Legal Name:

Social Security #

Position Title:

BU code:

Mailing Address:

City:

State:

Zip Code:

NEW

CHANGE

SUPPLIER #:

Legal Name:

Social Security #

Position Title:

BU code:

Mailing Address:

City:

State:

Zip Code:

NEW

CHANGE

SUPPLIER #:

Legal Name:

Social Security #

Position Title:

BU code:

Mailing Address:

City:

State:

Zip Code: