BENJAMIN J. CAYETANO
GOVERNOR

DIRECTOR'S OFFICE
DEPT. OF
TRANSPORTATION
SEP 7 10 54 AM '95

SAM CALLEJO
Comptroller

MARY PATRICIA WATERHOUSE
Deputy Comptroller

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
AND GENERAL SERVICES
P. O. BOX 119
HONOLULU, HAWAII 96810-0119

SEP 6 1995

COMPTROLLER'S MEMORANDUM NO. 1995-28

TO: Heads of Departments

ATTN: Administrative and Fiscal Officers

SUBJECT: Revised Vendor Table Maintenance, SAFORM A-54

This is to inform departments that a revised Vendor Table Maintenance, SAFORM A-54 will be effective as of September 1, 1995. The new forms should be available from Correctional Industries starting October 2, 1995. Remaining quantities of the old form may be used until August 31, 1996. After that date, departments and agencies will be required to use the new form.

Attached for your information is a sample copy of the revised form with the specific changes described below:

VENDOR TABLE MAINTENANCE, SAFORM A-54

1. Added department code Y7.

2. Changed revision date to September 1, 1995 (REVISED).

Should there be any questions regarding this memorandum, please call Dona Kang of our Systems Accounting Branch at 586-0610.

SAM CALLEJO
State Comptroller

Attachment

SEP 11 1995

FOR DEPARTMENT USE ONLY

- ☐ CONFIRMING VENDOR NUMBER (VIA PHONE)
- ☐ INDIVIDUAL (NON-EMPLOYEE)
- ☐ FOR ENCUMBERED CONTRACT
- ☐ NAME CHANGE
- ☐ ADDRESS CHANGE

STATE OF HAWAII

VENDOR TABLE MAINTENANCE

TVE CONSTANT DATA AND TABLE TYPE

FUNCTION ☐ (A=ADD, C=CHANGE, D=DELETE)

VENDOR NO. ☐☐☐☐☐☐☐☐☐☐ ☐☐ SORT SEQ. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

VENDOR TYPE ☐ MINORITY BUS. IND. ☐ SMALL BUS. IND. ☐ PHONE ☐☐☐ AREA CODE ☐☐☐☐☐☐☐ LOCAL NUMBER

STATUS ☐ COUNTY ☐☐ DISTRICT ☐☐ COUNTRY CODE ☐☐

DEPARTMENT CODE

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	V1	W	X	Y1
Y2	Y3	Y4	Y5	Y6	Y7	Z1	ZZ					

VENDOR NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

VENDOR ADD. 1 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

VENDOR ADD. 2 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

VENDOR ADD. 3 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

VENDOR CITY ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

VENDOR STATE ☐☐ VENDOR ZIP CODE ☐☐☐☐☐☐☐☐☐

CONTACT NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

VENDOR CONVERSION ☐☐☐☐☐☐☐☐☐☐☐☐ S.S.-E.I.N. NO. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PREPARED BY DATE PHONE NO.

ENTERED BY DATE

AUTHORIZED BY DATE