

MONTHLY REPORT

**Passenger Facility Charges Statement
for the Month Ended _____
Airport: _____**

Airline
Address

To: Fiscal Management Officer
State of Hawaii
Department of Transportation
Airports Division
Honolulu International Airport
400 Rodgers Blvd., Suite 700
Honolulu, HI 96819

- (1) Total PFC Revenue Collected During Month: \$ _____
- (a) Number of PFC-eligible tickets sold: _____
- (b) Number of PFC-exempt tickets sold: _____
- (c) Number of PFC-eligible tickets issued
for flight operated by another carrier: _____
- (2) Total PFC Revenue Refunded this Month: \$(_____)
- (3) Total Collection Compensation (Net): \$(_____)
- (4) Total Remitted for Month: \$(_____)

QUARTERLY REPORT

**Passenger Facility Charges Statement
for the Quarter Ended _____
Airport: _____**

Airline
Address

To: Fiscal Management Officer
State of Hawaii
Department of Transportation
Airports Division
Honolulu International Airport
400 Rodgers Blvd., Suite 700
Honolulu, HI 96819

- | | | |
|--------------------------------------------------------------------------------------|-------|-------------|
| (1) Total PFC Revenue Collected During Quarter: | | \$ _____ |
| (a) Number of PFC-eligible tickets sold: | _____ | |
| (b) Number of PFC-exempt tickets sold: | _____ | |
| (c) Number of PFC-eligible tickets issued
for flight operated by another carrier: | _____ | |
| (2) Total PFC Revenue Refunded this Quarter: | | \$(_____) |
| (3) Total Collection Compensation (Net): | | \$(_____) |
| (4) Total Remitted for Quarter: | | \$(_____) |
| (5) Dates and Amounts of PFC Monthly Remittance | | |
| Date | | |
| Month 1 ___/___/___ | | \$(_____) |
| Month 2 ___/___/___ | | \$(_____) |
| Month 3 ___/___/___ | | \$(_____) |
| Total | | \$(_____) |

**ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM**

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY		
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX
ADDRESS:		
CONTACT PERSON NAME:		TELEPHONE NUMBER: ()
ADDITIONAL INFORMATION:		

PAYEE/COMPANY INFORMATION

NAME SOH-DOT-AIR (402)	SSN NO. OR TAXPAYER ID NO. 99-0257540
ADDRESS 400 RODGERS BLVD. SUITE 700 HONOLULU HI 96819-1880	
CONTACT PERSON NAME: ROSS HIGASHI - FISCAL MANAGEMENT OFFICE	TELEPHONE NUMBER: (808) 838-8646

FINANCIAL INSTITUTION INFORMATION

NAME: FIRST HAWAIIAN BANK	
ADDRESS: 999 BISHOP STREET HONOLULU HI 96813	
ACH COORDINATOR NAME: DOUGLAS SAKAMOTO	TELEPHONE NUMBER: (808) 844-3399
NINE-DIGIT ROUTING TRANSIT NUMBER: <u> 1 </u> <u> 2 </u> <u> 1 </u> <u> 3 </u> <u> 0 </u> <u> 1 </u> <u> 0 </u> <u> 1 </u> <u> 5 </u>	
DEPOSITOR ACCOUNT TITLE: DIRECTOR OF FINANCE, STATE OF HAWAII	
DEPOSITOR ACCOUNT NUMBER: 01-000497	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)	TELEPHONE NUMBER: (808) 844-3700