

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME General Manager- Hawaii Insurance Rating Bureau

VENDOR ADDRESS 700 Bishop St. Suite 404
Honolulu 96813

<u>Description</u>	<u>Amount Due</u>
Workman's Compensation policy	\$47.00

Approved By:

PKB

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 12.27.78

Amount Paid 47.00

Check Number 2097

EAL
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Jerry Hay, Inc.
VENDOR ADDRESS 700 Bishop St Suite 404
Honolulu 96813

<u>Description</u>	<u>Amount Due</u>
<u>Temporary Disability Insurance</u>	<u>\$100.00</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Approved By:

ph

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 12.24.77
Amount Paid \$100.00
Check Number 2096

PKB
Check Signer Initial

AGENT/AGENT NO.: JERRY HAY, INC. - [REDACTED]

HAWAII TEMPORARY DISABILITY INSURANCE RENEWAL ENDORSEMENT

The policy numbered below is, subject to the payment of premium, continued in force for the period 1/1/78 to 1/1/79

Premiums shall be computed at:

.70 per \$100. of chargeable payroll

NIL persons @ \$7.00 per person for Riders (if any).

Deposit Premium Due = \$ 100.00
(Subject to a Minimum Annual Premium of \$60.00)

Premium Payment Plan:

- ☒ Annual
- ☐ Semi Annual
- ☐ Quarterly
- ☐ Monthly

Nothing herein contained shall be held to vary, alter, waive, or extend any of the terms, limits or conditions of the policy, except as hereinabove set forth.

Countersigned by HONOLULU, HAWAII 10/28/77pj

HAWAIIAN INSURANCE &
GUARANTY CO., LTD.

THE HAWAIIAN INSURANCE & GUARANTY COMPANY, LIMITED

BY Robert D. Spain
VICE PRESIDENT

PLEASE ATTACH TO YOUR POLICY

Policy No. [REDACTED]

Effective Date 1/1/78

Insured POLYNESIAN VOYAGING SOCIETY

DISTR.: White - Insured; Green - Accountant; Canary - Home Office; Pink - Agent; Goldenrod - Audit
HT-1001 (10/77)

3

INVOICE

TO INSURE PROPER CREDIT, RETURN BLUE COPY WITH YOUR
REMITTANCE IN THE SELF-MAILER PROVIDED

AGENT	CLIENT NO.	POLICY NUMBER	DATE

INSURED	INVOICE DATE
11-22	
EFFECTIVE DATE	PREMIUM PERIOD
1/1/78	1/1/79

TEMPORARY DISABILITY INSURANCE - RENEWAL PREMIUM DEPOSIT

DUE DATE: 1/1/78

\$100.00

AMOUNT DUE

POLYNESIAN VOYAGING SOCIETY
P. O. BOX 6037
HONOLULU, HAWAII 96818

THE LAST ITEM IN THE AMOUNT DUE COLUMN IS
NOW DUE AND PAYABLE.

PLEASE REMIT TO:

**hawaiian
insurance
companies**

HEAD OFFICE
190 SOUTH KING STREET
HONOLULU, HAWAII 96804

BRANCH OFFICES

WAILUKU,
MAUI
TELEPHONE
877-2061

HILO,
HAWAII
TELEPHONE
935-5755

LIHUE,
KAUAI
TELEPHONE
244-3353

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Jerry Hay Inc

VENDOR ADDRESS Amfac Building
Bishop Street Suite 404

<u>Description</u>	<u>Amount Due</u>
Bill for luau insurance	\$10.00

Approved By:

DLB

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 12.23.77

Amount Paid 10.00

Check Number 2095

EAK

Check Signer Initial

3



JERRY HAY, INC.
GENERAL INSURANCE

AMFAC BUILDING / 700 BISHOP STREET, SUITE 404 / HONOLULU, HAWAII 96813

ACCOUNT NO.	NO	COMPANY	CO. NO.	POLICY NUMBER	BILLING PERIOD		
290 336	035890	HIG	821	HGA 114760	10/1/77	TO *1/23/78	
DESCRIPTION				LINE	TRANS.	CHARGE	CREDIT
GENERAL LIABILITY INSURANCE - ENDORSEMENT #6 BENEFIT LUAU AT PIER 10 AT HONOLULU HARBOR ON 10/1/77				31		\$10.00	

POLYNESIAN VOYAGING SOCIETY
P. O. BOX 6037
• HONOLULU, HI 96818

INVOICE DATE
11/29/77 cm

USC 55-RD

INVOICE

95341

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Hawaii Clipping Service
VENDOR ADDRESS P. O. Box 2033
Honolulu 96805

<u>Description</u>	<u>Amount Due</u>
Two month bill	27.02
	27.02 TOTAL

Approved By:

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 12.23.78
Amount Paid 27.02
Check Number 2096

ZAL
Check Signer Initial

HAWAII CLIPPING SERVICE

NOV 30 1977 19

Jack Thielen
Polynesian Voyaging Society
P.O. Box 6037
Honolulu 96818

[illegible]

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Jerry Hay Inc.

VENDOR ADDRESS 700 Bishop St. Suite 404
Honolulu 96813

<u>Description</u>	<u>Amount Due</u>
<u>Luau Liability</u>	<u>10.00</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Approved By:

D. K. B.

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 12.23.78

Amount Paid \$10.00

Check Number 2095

EAK
Check Signer Initial

DESCRIPTION	DATE	REF. NO.	AMOUNT	BALANCE
GENERAL LIABILI	HGA 114760	10-01 35890	10.00	10.00

PAST DUE BALANCE	MONTHLY RATE	ANNUAL RATE	STATEMENT AS OF	TOTAL BALANCE	AMOUNT NOW DUE
.00	1.00%	12.00%	11-30-77	10.00	10.00

ACCOUNT OF POLYNESIAN VOYAGING 290 336 JERRY HAY INC.

KEEP THIS PART FOR YOUR RECORD

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Outboard Sales and Services

VENDOR ADDRESS 211 Mokauea St
Honolulu 96819

<u>Description</u>	<u>Amount Due</u>
Bill for engine repair	\$145.45
Total	145.45

Approved By:

Wally Froiseth

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 12.23.77

Amount Paid 145.45

Check Number 2091

PKB
Check Signer Initial



OUTBOARD SALES & SERVICE

JOHNSON TELEFLEX CONTROLS

211 MOKAUEA STREET

HONOLULU, HAWAII

96819

PHONE 841-2428



OK
INVOICE
NUMBER

NAME POLYNESIAN VOYAGING SOCIETY BOAT MAKE AND MODEL 40R675C DATE REC'D 10-8-77
ADDRESS LEWALACE FORI SEH BOAT MAKE AND MODEL 4252018 DATE PROMISED 10-14
CITY [REDACTED] ORDER NO. [REDACTED] TERMS [REDACTED]
DESCRIPTION OF WORK OVERHEATING
TUNE-UP 1610 96819

QUAN	PART NUMBER	DESCRIPTION	AMOUNT	QUAN	PART NUMBER	DESCRIPTION	AMOUNT
4	304174	ORING	26	94			
3	302677	SCREW	12	36			
1	304026	GASKET		30			
1	38645	IMP		7.70			
1	34155	HOUSING		8.00			
1	317078	KEY		1.03			
2	581207	POINTS	380	7.60			
2	581419	CAND	177	2.44			
2	342	PLUGS	150	3.00			
1	304023	GASKET		12			
1	510194	SCREW		19			
1	344510	"		12			
2	46812	PLUGS	180	3.60			
				35.40			
		Pen		3.54			
				31.86			
				I HEREBY AUTHORIZE THE ABOVE REPAIR WORK TO BE DONE WITH THE NECESSARY MATERIAL AND GRANT PERMISSION TO OPERATE EQUIPMENT FOR THE PURPOSE OF TESTING AND INSPECTION.			
				TERMS: 30 DAYS NET CASH. A FINANCE CHARGE OF 1 1/2% PER MONTH (ANNUAL PERCENTAGE RATE IS 18%) WILL BE CHARGED ON PAST DUE ACCOUNTS.			
				X AUTHORIZED SIGNATURE			
				TOTAL PARTS		31.86	
				TOTAL LABOR		108.00	
				TAX		5.59	
				TOTAL		145.45	

THIS IS YOUR INVOICE WE DO NOT
ITEMIZE AGAIN

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME	Cardinal Mailing Services
-------------	---------------------------

VENDOR ADDRESS 327 Keawe St.
Honolulu 96813

<u>Description</u>	<u>Amount Due</u>
Bill for mailing	122.74
	<u>- 18.02</u> Credit
	104.72 Total

Approved By: Cecilia Linder

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 12.23.77

Amount Paid 104.72

Check Number 2090

Check Signer Initial

Direct Mail-Advertising Since 1947



Cardinal Mailing Services Ltd.

327 KEAWE ST./HONOLULU, HAWAII 96813 / TELEPHONE 533-3884

Creative Direct Mail Advertising — list maintenance • automatic typing
mimeograph • addressograph • speedamat • cheshire addressing
gathering • stapling • sorting • stuffing • metering • mailing

SOLD TO

Polynesian Voyaging Society
P. O. Box 6037
Honolulu, Hawaii 96818

INVOICE NO. 5474

T	NET 30 DAYS.
E	A Finance Charge of 1% per month
R	(12% per annum) will be imposed
M	on balances remaining unpaid after
S	30 days from invoice date.

Invoice Date 9/20/77 Cust. Order No. _____ Ordered By Evelyn

QUANTITY	DESCRIPTION	AMOUNT
1,989	Sept. Issue Society News: Cheshire address, fold, tie/sack/mail & 1st run.	\$ 77.86
	TAX 4%	3.11
	Postage	41.77
		\$122.74

PLEASE PAY BY INVOICE - - NO STATEMENT WILL BE SENT UNLESS REQUESTED.

Direct Mail Advertising Since 1947



Cardinal Mailing Services Ltd.

327 KEAWE ST./HONOLULU, HAWAII 96813/TELEPHONE 538-3884

Creative Direct Mail Advertising — list maintenance - automatic typing
mimeograph - addressograph - speedamat - cheshire addressing
gathering - stapling - sorting - stuffing - metering - mailing

SOLD TO

Polynesian Voyaging Society
P. O. Box 6037
Honolulu, Hawaii 96818

INVOICE NO. 4172

CREDIT MEMO

T	NET 30 DAYS.
E	A Finance Charge of 1% per month
R	(12% per annum) will be imposed
M	on balances remaining unpaid after
S	30 days from invoice date.

Invoice Date 9/20/77 Cust. Order No. _____ Ordered By Evelyn Kirkpatrick

QUANTITY	DESCRIPTION	AMOUNT
	To correct error in billing:	(\$18.02) CR
	<u>CREDIT MEMO</u>	

PLEASE PAY BY INVOICE - - - NO STATEMENT WILL BE SENT UNLESS REQUESTED.

FOR ZONE RATED MAIL USE PS FORM 3605

U.S. POSTAL SERVICE STATEMENT OF MAILING WITH PERMIT IMPRINTS		MAILER: Complete all items by typewriter, pen or indelible pencil. Prepare in duplicate if receipt is desired. Check for instructions from your postmaster regarding box labelled "RCA Offices".		PERMIT NO. <p align="center">770</p>																	
POST OFFICE <p>Honolulu, Hawaii 96819</p>		DATE <p>9/20/77</p>	RECEIPT NO.	SACKS <p align="center">2</p>	NUMBER OF TRAYS																
CHECK APPLICABLE BOX <input type="checkbox"/> 1st Class single piece rate <input type="checkbox"/> 2nd—Newspapers and magazines entered at 7¢ per piece rate <input type="checkbox"/> 3rd—Merchandise less than 16 ozs. <input type="checkbox"/> 4th Library rate <input type="checkbox"/> International <input type="checkbox"/> Presorted 1st Class rate <input checked="" type="checkbox"/> 2nd—Circulars and other printed matter. <input type="checkbox"/> 3rd—Books or catalogs of 24 pages or more, seeds, etc., less than 16 ozs. <input type="checkbox"/> Special 4th rate <input type="checkbox"/> Presorted Special 4th Class		OTHER CONTAINERS <p align="center">1 Box</p>																			
NAME AND ADDRESS OF PERMIT HOLDER (Include ZIP Code) <p>Polynesian Voyaging Socy c/o Cardinal Mailing Services 327 Keawe St. Honolulu, HI. 96813</p>		TELEPHONE NO. <p>538-3884</p>	WEIGHT OF SINGLE PIECE <p>70.5 oz. 2.6 lb.</p>	NO. PIECES IN POUND <p>774</p>	RCA Offices:																
<input checked="" type="checkbox"/> Check if non-profit under 134.5, PSM		TOTAL IN MAILING <table border="1"> <tr> <td>PIECES</td> <td>POUNDS</td> <td>PIECES</td> <td>AT</td> <td></td> </tr> <tr> <td align="center">1,989</td> <td align="center">75.608</td> <td align="center">2.6</td> <td align="center">POUND</td> <td align="center">2.1</td> </tr> </table>				PIECES	POUNDS	PIECES	AT		1,989	75.608	2.6	POUND	2.1						
PIECES	POUNDS	PIECES	AT																		
1,989	75.608	2.6	POUND	2.1																	
NAME AND ADDRESS OF INDIVIDUAL OR ORGANIZATION FOR WHICH MAILING IS PREPARED (If other than permit holder) <p>Polynesian Voyaging Society P. O. Box 6037 Honolulu, HI. 96818</p>		RATE CHARGEABLE <p align="center">\$41.77</p>																			
FIRST-CLASS PRESORT COMPUTATION (If applicable)		<table border="1"> <tr> <td>PRESORTED PIECES</td> <td>NO. PIECES</td> <td>AT</td> <td>AMOUNT</td> </tr> <tr> <td></td> <td></td> <td></td> <td align="right">¢ \$</td> </tr> <tr> <td>RESIDUAL PIECES</td> <td>NO. PIECES</td> <td>AT</td> <td>AMOUNT</td> </tr> <tr> <td></td> <td></td> <td></td> <td align="right">¢ \$</td> </tr> </table>				PRESORTED PIECES	NO. PIECES	AT	AMOUNT				¢ \$	RESIDUAL PIECES	NO. PIECES	AT	AMOUNT				¢ \$
PRESORTED PIECES	NO. PIECES	AT	AMOUNT																		
			¢ \$																		
RESIDUAL PIECES	NO. PIECES	AT	AMOUNT																		
			¢ \$																		
TOTAL COMPUTED NET POSTAGE →		<p align="right">\$41.77</p>																			
<p>Mailer (other than authorized nonprofit organization) must check here whether his total mailings made at bulk third-class rates at all post offices, under any name or permit, for the current calendar year, exceed 250,000 pieces. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>																					
SIGNATURE OF PERMIT HOLDER OR AGENT (Both principal and agent are liable for any postage deficiency incurred) <p><i>Randall Kaneshiro</i></p>					TELEPHONE NO.																

PS Form 3602
May 1977

Willful Entry of false, fictitious or fraudulent statements or representations hereon punishable by fine up to \$10,000 or imprisonment up to 5 years, or both (18 USC 1001).

FOR USE OF POSTAL SERVICE ONLY									
WEIGHING SECTION—COMPLETE APPLICABLE PART BELOW									
STATION OR UNIT <i>D. on</i>						PERMIT NO. <i>770</i> <input type="checkbox"/> (Check here if company permit)			
FINANCE NO. <i>16111</i>		ZIP CODE		NAME OF PERMIT HOLDER <i>Polynesian Voyaging Society</i>					
RECEIVED AND WEIGHED				<input type="checkbox"/> LETTER MAIL—All mail normally processed through letter cases. <i>RCA OFFICES ONLY</i> <input type="checkbox"/> FLATS—All mail normally processed through flat cases. <input type="checkbox"/> OTHER MAIL—Not normally distributed in letter or flat cases.					
DATE <i>09/20/77</i>		TIME <i>1605</i>							
NUMBER OF		CLASS		WEIGHT OF A SINGLE PIECE		NUMBER OF			
SACKS	TRAYS	OTHER CONTAINERS	<i>3</i>	<i>206</i>		PIECES IN A POUND	TOTAL PIECES	TOTAL POUNDS	
						<i>77.669</i>	<i>1989</i>	<i>25.608</i>	
FOR TOTAL MAILING		FOR PIECES QUALIFYING FOR PRESORT RATE		RATE CHARGEABLE		<input checked="" type="checkbox"/> PIECE <input type="checkbox"/> POUND	AT	TOTAL POSTAGE	
							<i>2.1</i>	<i>\$ 41.77</i>	
FIRST-CLASS PRESORT COMPUTATION (If applicable)									
TOTAL WEIGHT (lbs.)		WEIGHT OF PIECES (lbs.)		PRESORTED PIECES	NO. PIECES	AT		AMOUNT	
								¢ \$	
LESS TARE (lbs.)		LESS TARE (lbs.)		RESIDUAL PIECES	NO. PIECES	AT		AMOUNT	
								¢ \$	
NET TOTAL WT. (lbs.)		NET WEIGHT (lbs.)		TOTAL NET POSTAGE →				\$	
I CERTIFY that the matter mailed has been inspected, the statement of mailing on the reverse of this form has been verified, and the annual mailing fee has been paid.				SIGNATURE OF WEAHER <i>[Signature]</i>					

FINANCIAL DOCUMENT—FORWARD TO FINANCE OFFICER
 ☆ U. S. GPO: 1977-751-425

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Paige K. Barber

VENDOR ADDRESS [REDACTED]

Lahua HI 96734

<u>Description</u>	<u>Amount Due</u>
<u>Reimbursement</u>	<u>17.79</u>

Approved By:

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 12.19.77

Amount Paid 17.79

Check Number [REDACTED]

EAK
Check Signer Initial

1
Please pay total
shown at top

• B	17.74	1
• Tx	00.68	1
Gr •	01.69	1
Gr •	01.69	1
Gr •	01.69	1
Gr •	01.69	1
Pr •	00.99	1
Pr •	00.99	1
Pr •	00.79	1
Pr •	01.87	1
Ms •	01.84	1
Ms •	03.82	1

7485 11 Dec 77

SAFEWAY
(417002)

1941 3647

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Bishop Museum
VENDOR ADDRESS P. O. Box 6037

<u>Description</u>	<u>Amount Due</u>
Rent June - December 1977	\$180.00

Approved By: Cecilia Lendo

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 12-23-77
Amount Paid 2087 85
Check Number 180.00 Check Signer Initial DKB



BERNICE P. BISHOP MUSEUM
1355 KALIHI STREET
HONOLULU, HAWAII 96819

INVOICE

NO. 7637

Date July 1, 1977

Department
1-02-501-000
Purchase Order No.

Make remittance payable
to Bishop Museum.
Return one copy of in-
voice with remittance or
indicate invoice number.
Refer to invoice number
in all correspondence.

Polynesian Voyaging Society
c/o Yarn Shop
Bishop Museum

Terms:

Quantity		Unit Price	Net Amount
	Six months rent covering July 1, 1977 to December 31, 1977		\$180.00

ORIGINAL

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Larry Johnson

VENDOR ADDRESS [REDACTED]

Mahalo, HI 96706

<u>Description</u>	<u>Amount Due</u>
<u>Reimbursement</u>	<u>43.77</u>

Approved By:

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid Dec. 16, 1977

Amount Paid 43.77

Check Number [REDACTED]

CAJ
Check Signer Initial

YOUR PATRONAGE IS APPRECIATED

TABLE NO.	NO. PERSONS	CHECK NO.	SERVER NO.
		094153	
	9.05 - 34		
	9.51 - 36		
	9.28 - 35		
	6.76 - 24		
	J. Jagger		
	TAX		
			34 62
STYLE DK			

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME I.B.M.

VENDOR ADDRESS P. O. Box 5838
San Mateo, CA 94402

<u>Description</u>	<u>Amount Due</u>
Service Contract	\$67.60

Approved By:

JThielen

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 11.10.77

Amount Paid \$67.60

Check Number 2078

SAK
Check Signer Initial

International Business Machines Corporation

Please remit to **P. O. BOX 5838, SAN MATEO, CA 94402**
Inquire at **1240 ALA MOANA BLVD., HONOLULU, HAWAII**

96814 TEL. 808/533-7711

Customer reference

Div.

Invoice number

Invoice date

Page number

7

BLDG185

09-16-77

01

POLYNESIAN VOYAGING SOCIETY

PO BOX 6037

HONOLULU HI 96818



INVOICE COPY

IBM account no.

72335-90

Shipped to **POLYNESIAN VOYAGING SOCIETY**

BISHOP MUSEUM GROUNDS

1355 KALIHU ST

HONOLULU HI 96818

Terms: Net cash 30 days from invoice date
Subject to the conditions on the reverse side

If name and address is other than shown please correct on remittance copy				Amount
Quantity	Description	Model	Serial	
CUSTOMER SERVICE AGREEMENT ON EQUIPMENT FOR PERIOD SHOWN				
FROM	THRU	EQUIPMENT	MODEL SERIAL	
10-01-77	09-30-78	ELECTRIC TYPEWRITER	895345 2774207	65 00
				2 60
				67 60

BLDG185 415

**Please refer to invoice number or
return invoice copy when remitting**

140-6083-21

Parts And Supplies — Terms And Conditions

Due to patent restrictions and the need to maintain a sufficient supply for maintenance purposes, IBM sells standard field installable parts only for use in the maintenance and repair of IBM equipment. Modification and improvements in design may occur at any time and could affect future availability of any part. It is understood that the parts on this invoice are ordered by you for use in the maintenance and repair of IBM manufactured equipment.

Maintenance Parts listed on this invoice will normally consist of or include new or used parts warranted equivalent to new in performance when installed in an IBM machine.

Parts/Warranty

Parts are warranted to be free from defects in material and workmanship. IBM's obligation in this respect is limited to furnishing, on an exchange basis, replacements for part(s) which have been promptly reported by the purchaser as having been in his opinion, defective, and are so found by IBM upon inspection. IBM's obligation shall terminate ninety (90) days after the date of delivery of each part.

Supplies/Warranty

IBM warrants the supplies to be free from defects in material and workmanship at the time of delivery. In the event of IBM's breach of any warranty, Purchaser's exclusive remedy will be that IBM will repair or replace the defective supplies provided that Purchaser returns said defective supplies to IBM in the United States, Puerto Rico or the Canal Zone within one year after delivery.

THE FOREGOING WARRANTIES ARE IN LIEU OF ALL OTHER WARRANTIES EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

All parts and supplies sales are final, subject to existing warranty provisions. Returns will be accepted in accordance with such warranty provisions. All items returned for exchange or credit must be accompanied by a copy of this invoice.

These terms and conditions of sale constitute the complete and exclusive statement of agreement superseding all oral or written communications and any prior agreements between the parties relating to its subject matter; except that, if the parties entered into a Supply Agreement, its terms and conditions shall govern.

It is hereby certified that these goods were produced or the services performed in compliance with all applicable requirements of sections 6, 7, and 12 of the Fair Labor Standards Act, as amended; and of regulations and orders of the United States Department of Labor issued under section 14 thereof.

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Jerry's Equipment Service

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
<u>Repair of generator</u>	<u>\$39.36</u>
_____	_____
_____	_____
_____	_____
_____	_____

Approved By:

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10-31-77

Amount Paid \$39.36

Check Number 2074

EAR
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME John Kruse

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
<u>Reimbursement</u>	<u>\$100.34</u>
_____	_____
_____	_____
_____	_____

Approved By:

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10-31-77

Amount Paid 100.34

Check Number 2073

SKK
Check Signer Initial

JOHN GRINNON CO., INC.

Industrial Power Tools
P. O. BOX 3143 345 N. NIMITZ HWY.
HONOLULU, HAWAII 96802

"Home of **ROCKWELL** *Power Tools"*

CUSTOMER'S COPY

INVOICE NUMBER

48821

INVOICE DATE

INVOICE DATE
7/19/97

ORDERED BY

DATE _____

CUSTOMER'S ORDER NUMBER

JOB OR REQUISITION

SOLD TO

SHIP TO

SAME AS SOLD TO UNLESS OTHERWISE INDICATED

MERCHANDISE WILL NOT BE ACCEPTED FOR CREDIT OR EXCHANGED UNLESS RETURNED IN GOOD CONDITION WITHIN 30 DAYS.

QUANTITY			DESCRIPTION		UNIT PRICE:	AMOUNT
ORDERED	SHIPPED	BACK ORDERED				
- 1			# 7 1/4" Bessit Saw	1		-
				2		
				3		
				4		
				5		
				6		
				7		
				8		
				9		
				10		
				11		
				12		
				13		

Thank You

The Seller agrees to sell and the Buyer agrees to buy the subject equipment on a Conditional Sale that title shall remain with the Seller until the entire purchase price is paid. In the event the entire purchase price or any portion thereof is not paid when due, Seller may declare the entire purchase price due and retake possession of the equipment.

TERMS: NET 30 DAYS FROM DATE OF INVOICE.

"A DELINQUENCY CHARGE OF $1\frac{1}{2}\%$ PER MONTH WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% WILL BE APPLIED ON ALL PAST DUE AMOUNTS."

ABOVE MERCHANDISE RECEIVED IN GOOD CONDITION

SUB-TOTAL

29	30
----	----

TAX 1/2 4% ✓

1	18
---	----

TOTAL
AMOUNT DUE


306

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Allen Akina
VENDOR ADDRESS [REDACTED]
Honolulu 96817

<u>Description</u>	<u>Amount Due</u>
<u>Invoice # 174</u>	<u>\$2,929.58</u>
	<u>- 1,000.00</u>
	<u>1,929.58</u>
	<u>- 1,929.58</u>

Approved By: 

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10-31-77 (final payment)
Amount Paid 1,929.58
Check Number [REDACTED] Check Signer Initial PKB

INVOICE

174



ALLEN AKINA DESIGN INC.

162 NORTH KING STREET • HONOLULU, HAWAII 96817
Downtown Chinatown across Oahu Fish Market • Phone (808) 536-5241

DATE 30 September, 1977

SOLD TO: Polynesian Voyaging Society
P.O. Box #6037
Honolulu, Hi 96818

SHIPPED TO:

DATE SHIPPED	SHIPPED VIA	CUSTOMER P.O.	SALESMAN	TERMS	DATE OF INVOICE
				NET 30 Days	30 Sept, 1977
QUANTITY ORDERED	QUANTITY SHIPPED	DESCRIPTION			
	374	Men's Tee Shirts Light Blue			
	396	" " " Tan			
	396	" " " Gold			
	<u>1166</u>				
		1/2% Gen.. Exc.			
			2.50		\$2,915.00
					<u>14.58</u>
					\$2,929.58
					<u>1 000</u>
					<u>1 929.58</u>

20

WHITE: To Resource / CANARY: To Accounting / PINK: To File / BLUE: To Control

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Petty Cash

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
Petty cash	\$50.00

Approved By:

PKB

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10.19.77

Amount Paid \$50.00

Check Number 2071

EAR
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Paige K. Barber
VENDOR ADDRESS ALU LIKE
1316 Kaunualii St
Honolulu 96817

<u>Description</u>	<u>Amount Due</u>
<u>Reimbursement -Luan</u>	<u>\$320.00</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Approved By: PKB

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10.18.77
Amount Paid \$320.00
Check Number 2066

PKB
Check Signer Initial

Ice	\$100.00
Imu men	40.00
Pineapple	40.00
Leis	35.00
Miscellaneous	7.00
Freight	30.71
Foil	2.89
Salt	1.90
Times	7.22
Gasoline	<u>55.28</u>
TOTAL	320.00

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Hawaii State Tax Collector
VENDOR ADDRESS 825 Mililani St
Honolulu 96813

<u>Description</u>	<u>Amount Due</u>
<u>Late penalties</u>	<u>\$10.00</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Approved By:

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10/14/77
Amount Paid 10.00
Check Number 2063

ka
Check Signer Initial

EXPLANATION OF ASSESSMENT OR ADJUSTMENT

PERIOD		REMARKS	TAXABLE WAGES	RATE	CONTRIBUTIONS	PENALTY AND INTEREST	AMOUNT DUE	CREDIT ALLOWED
YR.	QTR.							
77	2	Q-P&I FOR LATE PAYMENT	1,500.00	3.50		10.00	10.00	

SECTION 383-73: PENALTY AND INTEREST ON DELINQUENT CONTRIBUTIONS

A penalty of 10% or \$10, whichever is greater, shall be added to the amount of all delinquent contributions. Any delinquent contribution and penalty remaining unpaid fifteen days after the date of delinquency shall bear interest from the date of delinquency at the rate of 2/3 of 1% for each month or fraction of month until paid.

SECTION 383-94: PENALTY ON LATE OR NONCOMPLIANCE OF WAGE AND SEPARATION REPORT

A penalty of \$10 is assessed on late or noncompliance of wage and separation report within five (5) working days after mailing of notice by registered mail or certified mail.

SECTION 383-74: APPEAL

You may appeal this assessment, after paying the total amount due, by filing a written notice of appeal within TWENTY days subsequent to the date when this notice was mailed. APPEAL IS NOT PERFECTED UNLESS ASSESSMENT IS PAID.

DO NOT DETACH

Form UC - 168 (REV. 6/76)
Department of Labor & Industrial Relations
Unemployment Insurance Division

NOTICE OF CONTRIBUTION ASSESSMENT OR CREDIT ADJUSTMENT Under Hawaii Employment Security Law

89494

ACCOUNT NUMBER ISLAND

Based on your contribution reports, payroll, other records, and/or best available information, the following

☒ Assessment has been made.

☐ Credit adjustment has been made in your favor.

CONTRIBUTIONS	PENALTY AND INTEREST	TOTAL AMOUNT DUE
	10.00	10.00

CONTRIBUTIONS	PENALTY AND INTEREST	TOTAL CREDIT ALLOWED

Request is made for the immediate payment of the amount due. Please present this notice with your remittance to the STATE TAX COLLECTOR.

Credit may be applied to contributions due on your next quarterly contribution report. (Attach this copy to your report.) If you prefer a cash refund, please contact the UNEMPLOYMENT INSURANCE DIVISION.

DIRECTOR OF LABOR AND INDUSTRIAL RELATIONS

CHUCK K. HIRONAKA

By

09/01/77 COLL DTD 08167-1

Date

POLYNESIAN VOYAGING SOC
P.O. BOX 6037
HONOLULU, HAWAII 96818

ORIGINAL

INSTRUCTIONS TO EMPLOYERS FOR PAYMENT OF CONTRIBUTIONS

DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
UNEMPLOYMENT INSURANCE DIVISION

17 S 0-P-21 FOR LATE PAYMENT

If you require additional information, please contact the following offices:

OAHU 825 Mililani Street Honolulu, Hawaii 96813 Telephone: 548-5857
548-3009

HAWAII 180 Kinoole Street Hilo, Hawaii 96720 Telephone: 961-7461

MAUI 54 South High Street Wailuku, Maui 96793 Telephone: 244-4377

KAUAI 3016 Umii Street, Rm. 213 Lihue, Kauai 96766 Telephone: 245-4486

CONTRIBUTOR'S NAME	EMPLOYER'S NAME	CONTRIBUTION

CONTRIBUTOR'S NAME	EMPLOYER'S NAME	CONTRIBUTION

Check payment has been made in full.
If payment is not made in full, please contact the Unemployment Insurance Division.

Request is made for the immediate payment of the amount due. Please present this notice with your remittance to the STATE TAX COLLECTOR.

CHUCK K. HIRONAKA
COLL DTG 08187-1

HONOLULU, HAWAII 96818
POLYNESIAN VOYAGING SOC
P.O. BOX 6037

ORIGINAL

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Art Nelson, Sailmaker
VENDOR ADDRESS [REDACTED]

<u>Description</u>	<u>Amount Due</u>
<u>Honolulu 96813</u>	
<u>Bill for sails</u>	<u>\$545.24</u>

Approved By:

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 12/14/77
Amount Paid 545.24
Check Number [REDACTED]

[Signature]
Check Signer Initial

FORM NO. AB-9

DATE →	REFERENCE NUMBER	DETAIL	BALANCE FORWARD →		BALANCE
			CHARGE	CREDIT	
					545.24
		Past due. Please remit.			
		mahalo.			
					37

TERMS:

ART NELSON, SAILMAKER, INC.
HONOLULU, HAWAII 96813

PLEASE PAY LAST AMOUNT IN THIS COLUMN

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Hawaiian Telephone Co.

VENDOR ADDRESS P. O. Box 997

Honolulu 96808

<u>Description</u>	<u>Amount Due</u>
<u>Bill</u>	<u>58.45</u>

Approved By:

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10/14/77

Amount Paid 58.45

Check Number 2061

JS
Check Signer Initial

Hawaiian Telephone

HONOLULU

HI 96813

BUSINESS OFFICE TELEPHONE

AUG 16 1977 HONOLULU

POLYNESIAN
VOYAGING SOCIETY
OFFICE
1355 KALIHI
HONOLULU

HI 96819

PREVIOUS BILL
PAYMENT 07/21

77.50
53.35CR

BALANCE AFTER PAYMENTS 24.15

AUG 16 LOCAL SERVICE TO SEP 16-77

24.15

DATE	CALLS TO	TELEPHONE #	MIN	CT	FROM	TIME	
JUL 11	HONOLULU		8	K4	LIHUE HI	433PM	2.40
JUL 13	LAHAINA		4	K0		1015AM	1.20
JUL 14	PAHOA		3	K0		1042AM	.90
JUL 15	KAHULUI		4	K2	KAILUA HI	625AM	1.20
JUL 18	HILO		2	K0		959AM	.90
JUL 18	KAWAILANI		2	K0		932AM	.90
JUL 25	HONOLULU		3	L4	KNKAKAI HI	938AM	1.75
AUG 03	KEALAKEKUA		1	K0		809AM	.90

TOTAL LONG DISTANCE CHARGES 10.15

PLEASE PAY BEFORE AUG 26 CHARGES NOT PAID 15
DAYS FROM BILL DATE ARE PAST DUE.

AMOUNT DUE 58.45

PAYMENTS MADE BUT NOT SHOWN ON THIS BILL SHOULD BE DEDUCTED FROM AMOUNT DUE BEFORE PAYING
BALANCE, IF NOT PAID, IS PAST DUE

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Hawaii Clipping Service
VENDOR ADDRESS P.O. Box 2033
Honolulu 96818

<u>Description</u>	<u>Amount Due</u>
Clipping Bill Julu, Aug. Sept.	\$40.54

Approved By:

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10/14/77
Amount Paid 40.54
Check Number 2060

PR
Check Signer Initial

29

HAWAII CLIPPING SERVICE

SEP 30 1977

Jack Thielen
Polynesian Voyaging Society
P.O. Box 6037
Honolulu 96818

[illegible]

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Fisher Hawaii

VENDOR ADDRESS 2833 Paa St

P. O. Box 2416

Honolulu 96804

<u>Description</u>	<u>Amount Due</u>
<u>Bill for envelopes CBP</u>	<u>13.30</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Approved By:

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10/14/77

Amount Paid 13.30

Check Number

ph
Check Signer Initial



2833 PAA STREET
P.O. BOX 2416, HONOLULU, HAWAII 96804
TELEPHONE 833-1844

POLYNESIAN VOYAGING
SOCIETY
PO BOX 6037
HONOLULU HI 96818

STATEMENT

We are subscribers to

COMMERCIAL COLLECTION DIVISION

Dun & Bradstreet, Inc.

PAYMENTS RECEIVED AFTER THIS DATE
WILL BE SHOWN ON YOUR NEXT STATEMENT

DATE	CUSTOMER NUMBER
9/30/77	000039415

DATE	REFERENCE	Code	DESCRIPTION	CHARGES	PAYMENTS	DISCOUNT	AMOUNT DUE
102576	0820067	01	INVOICE	801			
102576	0820067	66	CR MEMO	801-			
122776	0820067	70	PAYMENT		764		
122776	0820067	92	PAYMT ADJ		37		801-
72177	0827895	01	INVOICE	2118			2118
93077	FC030	FC	FIN CHG	13			13
	TOTAL			2131	801		1330

32

TERMS: 30 DAYS NET. A DELINQUENCY CHARGE OF 1% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE
RATE OF 12% WILL BE APPLIED ON ALL PAST DUE AMOUNTS.

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Service Printers
VENDOR ADDRESS 1204 Kona St
Honolulu 96814

<u>Description</u>	<u>Amount Due</u>
Invoice 31165	\$ 62.40

Approved By:

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10/14/88
Amount Paid 62.40
Check Number _____

gh
Check Signer Initial

Service Printers, Inc.

1204 KONA ST. • HONOLULU, HAWAII 96814 • PHONE 521-6966

To: Polynesian Voyaging Society
P. O. Box 6037
Honolulu, HI 96818

Date Juen 15, 1977	Our Job Number 31165	Your Order Number #Eleanor	Terms
QUANTITY	DESCRIPTION		AMOUNT
500	#10 Regular envelopes		60.00 4% <u>2.40</u> 62.40
			34

Interest At The Rate Of $\frac{1}{2}\%$ Per Month Will Be Charged On All Overdue Accounts.

Balance due
on March Statement

46.80

MAUNA LEWA SAILS
800 S. King St.
Honolulu, Hawaii 96813
Phone 538-3188

MAY 6 PAID

1979

315

PAID BY CHECK NO.

8K 884 Rediform

STATEMENT

March
#1063MAUNA LEWA SAILS
800 S. King St.
Honolulu, Hawaii 96813
Phone 558-3188

\$46.80

Polynesian Voyaging Society
% Bishop Museum
Box 603 Hon, Haw 96813

DETACH AND MAIL WITH YOUR CHECK. YOUR CANCELLED CHECK IS YOUR RECEIPT.

1 bunk repair 5.00
2 bunks new 40.00
45.00
tax 1.80
46.80

for work brought in on
3/31 invoice #1063

Canvas Hammock repair. Work taken in by
Gordon Pianaia + John Kruse.

36

PAID BY CHECK NO.

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Hawaii State Tax Collector

VENDOR ADDRESS Oahu District Office

P. O. Box 259

<u>Description</u>	<u>Amount Due</u>
<u>Unemployment taxes</u>	<u>52.20</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Approved By:

J. Thielen

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10.13.77

Amount Paid 52.20

Check Number 2059

eah
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Hawaii State Tax Collector

VENDOR ADDRESS Oahu District Office

P. O. Box 259 96809

<u>Description</u>	<u>Amount Due</u>
<u>General Excise Tax</u>	<u>83.51</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Approved By:

J Thielen

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10.13.77

Amount Paid 83.51

Check Number 2057

ask
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Internal Revenue Service
VENDOR ADDRESS 5054 East Bulter Ave
Fresno, CA 93888

<u>Description</u>	<u>Amount Due</u>
<u>Quarterly Tax return</u>	<u>357.30</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Approved By:

JThielen

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10.14.77
Amount Paid 357.30
Check Number 2056

PR
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME IRS

VENDOR ADDRESS P. O. Box 12586

<u>Description</u>	<u>Fresno, CA 93778</u>	<u>Amount Due</u>
<u>Late Penalties</u>		<u>18.56</u>

Approved By:

J. Thielen

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10.13.77

Amount Paid 18.56

Check Number 2055

eah
Check Signer Initial

Department of the Treasury
Internal Revenue
Service Center

P.O. BOX 12586
FRESNO, CA. 93778

CX 237302232 01 7706 670 7736

POLYNESIAN VOYAGING SOCIETY
PO BOX 6037
HONOLULU, HI 96818

Request for Payment

The statement at the right shows that a payment is due on your account. Please make the payment by the due date shown above.

If our statement does not agree with your records, the information on the back of this notice will tell you what to do.

If we included any penalty or interest charges, an explanation will be found on the back. (Code numbers in the box at lower right will guide you to the explanations which apply.)

Make your check or money order payable to Internal Revenue Service for the adjusted balance due. Please show your employer identification number on your payment and mail it with this notice in the envelope enclosed for your convenience.

Thank you for your cooperation.

Date of This Notice

SEP. 19, 1977

Employer Identification Number

No. 161

9901

If you inquire about your account, please refer to these numbers on attach this

941

JUNE 30, 1977

Balance Is Due By

SEP. 29, 1977

FEDERAL EMPLOYMENT TAXES

Tax Statement

Total Tax on Return	\$	357.30
Total Credits		357.30
Plus Penalty*		17.87
Plus Interest*		.69
Balance Due IRS	\$	18.56
Subtract Payments We Haven't Included		
Pay Adjusted		
Balance Due	\$	

*See these code numbers on the back for an explanation of penalty or interest charges.

01-09

Any Questions About This Notice?

If we have not credited a payment made within the last 4 weeks, we will do so soon. No further action is required by you if you paid the entire amount due. If there is still a balance, however, subtract the payment not credited and send us the adjusted balance due. Please attach this notice to help us identify your account. If the payment not credited was made more than 4 weeks ago, please complete the form below and return this notice to us with your payment for any balance due. The copy of this notice is for your records.

Please let us know if you believe the balance due is incorrect for reasons other than uncredited payments. Just return this notice with the correct payment and an explanation to account for the difference.

For answers to any questions you may have, please call our local office at the telephone number shown on the enclosed notice; or you may write to the Chief, Correspondence Section, at the address on the front of this notice. If you write, please return this notice to help us identify your account.

This notice is not the result of an examination of your return. We notify the taxpayer when we select a return for examination. **Elimination of Penalty -- Reasonable Cause.** The law provides for elimination of penalties when a taxpayer shows reasonable cause for filing a return late, paying tax late, and in certain other circumstances. If you believe you have such cause but have not yet sent us an explanation, please return this notice with your explanation now so we can determine whether any penalties can be eliminated.

Explanation of Penalty or Interest Charges

Code

01 A penalty has been added because your return was not filed

and your tax was not paid when due. The combined penalty is 5 percent of the tax not paid on time. It is figured for each month or part of a month the return was late, and it cannot exceed 25 percent of the tax paid late. (See "Elimination of Penalty -- Reasonable Cause," on this page.)

- 02 A penalty has been added because your estimated tax was underpaid. The penalty, as provided by law, is figured on a daily basis for the period the estimated tax remains unpaid. To be excused from all or part of this penalty, you must qualify for at least one of the exceptions listed in the instructions on the back of the enclosed Form 2210 (Underpayment of Estimated Tax by Individuals), or Form 2220 (Underpayment of Estimated Income Tax by Corporations).
- 03 A penalty of 5 percent of the underpayment has been added because tax deposit requirements were not met. (See "Elimination of Penalty -- Reasonable Cause," on this page.)
- 04 A penalty has been added because your check to us was not honored by your bank. For checks of \$5 or more, the penalty is \$5 or 1 percent of the total, whichever is greater; for checks of \$2 to \$4.99, it is the amount of the check; for checks of less than \$2, the penalty is excused. (See "Elimination of Penalty -- Reasonable Cause," on this page.)
- 07 A penalty has been added because your tax was not paid when due. The penalty is 1/2 of 1 percent of the tax not paid on time, figured for each month or part of a month the payment was late. However, any period used in figuring a penalty explained in Code 01 has not been included in figuring the late payment penalty. (See "Elimination of Penalty -- Reasonable Cause," on this page.)
- 09 Interest, as provided by law, is figured from the due date of the return to the date of this notice.
- 10 A penalty has been added because your explanation was not acceptable as reasonable cause for filing your return late. The penalty is \$10 a day for each day a return is late, but it cannot exceed \$5,000.

PAID TO BANK FEDERAL TAX DEPOSIT	AMOUNT	PLEASE ENTER THIS DATA FROM YOUR RECORDS	A. EMPLOYER IDENTIFICATION NUMBER	B. TAX PERIOD ENDED	C. KIND OF TAX	
	DATE OF DEPOSIT	IF YOU CORRECTED YOUR NAME OR EMPLOYER IDENTIFICATION NUMBER ON YOUR FEDERAL TAX DEPOSIT FORM, PLEASE ENTER CORRECTED NAME OR NUMBER HERE.				
	NAME AND ADDRESS OF BANK WHERE DEPOSIT WAS MADE					
PAID TO IRS	CHECK	AMOUNT	IF CHECK HAS CLEARED YOUR BANK PLEASE ENTER	A. NUMBER STAMPED ON CHECK BY IRS	B. DATE ENDORSED BY IRS	
	DATE OF PAYMENT	LOCATION OF INTERNAL REVENUE OFFICE WHICH ENDORSED CHECK				
	MONEY ORDER	AMOUNT	<input type="checkbox"/> (CHECK ONE) US POSTAL <input type="checkbox"/> EXPRESS <input type="checkbox"/> OTHER (Explain)			
CASH	DATE OF PURCHASE	NUMBER ON MONEY ORDER RECEIPT	ISSUING STATION (NAME AND ADDRESS)			
	AMOUNT	DATE ON CASHIER'S RECEIPT	NUMBER OF RECEIPT			

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Budget Printers
VENDOR ADDRESS 757 Kawaiahao St
Honolulu 96813

<u>Description</u>	<u>Amount Due</u>
<u>Luau Tickets</u>	<u>62.40</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Approved By:

PKB

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10.13.77
Amount Paid \$62.40
Check Number 2042

eah
Check Signer Initial

92

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Chrislee Electronic Sounds
VENDOR ADDRESS 567 Uluhaku St
Kailua, HI 96734

<u>Description</u>	<u>Amount Due</u>
<u>Bill for sound equipment</u>	<u>\$150.00</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Approved By:

PKB

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 10.1.77
Amount Paid \$150.00
Check Number 2041

PKB
Check Signer Initial



567 ULUHAKU STREET • KAILUA, HAWAII 96734 • PHONE: 261-4322

POLYNESIAN VOYAGING SOCIETY
P. O. Box 6037
Honolulu, Hawaii 96818

Date October 3, 1977

Order No.

Job No. 307

Attn: Page Barber
Denna Harbottle

"PIER #10 HOKULE'A FUND RAISER"

Date	Quantity	Description	Amount
Oct.1, 1977		Rental of Sound System for Entertainment, consisting of 10 mics, 12-input control mixer, 450 Watts of amps, Cabinets, & Bose Speakers main, monitors, base amp & speaker. Set-up & breakdown w/stand-by technician & operator from 3:30PM to 11:15PM.....Overtime from 9:00PM..	\$300.00
		Organization Discount	\$150.00
		4% tax	NC
		Total charges.....	\$150.00
		PAID IN FULL.....Check #2041 Chris Farla..... 10/1/77	44

TERMS: NET 30 DAYS-1% Interest Per Month Will Be Charged For All Overdue Accounts

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME AA Medical And Party Supplies
VENDOR ADDRESS 921 Halekauwila St
Honolulu 96814

<u>Description</u>	<u>Amount Due</u>
Bll for tables	282.80

Approved By:

PKB

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid Sept. 30, 1977
Amount Paid \$282.80
Check Number 2034

PKB
Check Signer Initial

245

a'a

MEDICAL & PARTY SUPPLIES, LTD.
 921 Halekauwila St. • Honolulu, HI 96814 • Ph: 538-7031
 24 hour Service

RENTAL INVOICE

"Your warm and helpful friend"



—Specialists in Medical
 Equipment, Parties & Weddings.



"GET WELL" EQUIPMENT • ORTHOPEDIC SUPPLIES • PARTY EQUIPMENT

BILL TO		DELIVER TO		UP/DN	
POLYNESIAN VOYAGING SOCIETY ATTN: MR. JOHNSON P.O. BOX 6037 HONOLULU, HAWAII 96818					
INVOICE DATE	DELIVERY DATE	TIME	RENTAL EXPIRE DATE	CUSTOMER CODE	PLAN
9/17/77	9/17/77		DEPOSIT	POL	
DELIVERY PHONE	P.O.E. PHONE	ORDERED BY			
732 6638					
CUSTOMER P.O. NO.	I.D. NO.	MEDICARE NO.	STATE AID NO.	ORIGINAL DEL. DATE	RX EXPIRATION DATE
DEPOSIT ON ORDER TO BE DELIVERED ON SEPT 30, 1977 AND PICKED UP OCT 2, A.M.					
800 CHAIRS. \$320.00 80 TABLES 12.80 TAX \$332.80 FD ON ACCT. (50.00) BAL DUE \$282.80					
BALANCE DUE ON DELIVERY MAHALOI REGGIE FIELDS					
INVOICE NO. 11708					
THE TERMS OF THE AGREEMENT ON THE REVERSE SIDE HEREOF ARE INCORPORATED HEREIN AND ARE PART HEREOF AND I ACKNOWLEDGE I HAVE READ THE SAME AND RECEIVED A COPY THEREOF.					
AUTHORIZED SIGNATURE					
INVOICE TOTAL 30.00					

Mahalo!

EXTRA COPY

TERMS: THE INVOICE TOTAL IS PAYABLE UPON RECEIPT OF THIS INVOICE. A SERVICE CHARGE OF 1 1/2% PER MONTH (18% A YEAR) WILL BE CHARGED ON ALL AMOUNTS OVER 30 DAYS.

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Daige K Bender

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
<u>Reimburse 4 Liquor License</u>	<u>25.00</u>
_____	_____
_____	_____
_____	_____
_____	_____

Approved By:

PKB/each

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 7/16/77

Amount Paid 25.00

Check Number 2029

DAK
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME A - A Medical and Party Supplies

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
<u>Deposit for Iuan Tables</u>	<u>50.00</u>
_____	_____
_____	_____
_____	_____
_____	_____

Approved By:

PKB/pak

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 9/15/77

Amount Paid 50.00

Check Number 2027

SAK
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Joanne Sterling

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
<u>Reimbursement for tow expenses</u>	<u>\$ 100.⁰⁰</u>
_____	_____
_____	_____
_____	_____
_____	_____

Approved By: George K. Barber

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 7 100.⁰⁰

Amount Paid 9/8/74

Check Number 2026

pb
Check Signer Initial

49

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME John Kruse
VENDOR ADDRESS [REDACTED]
Honolulu

<u>Description</u>	<u>Amount Due</u>
<u>Reimbursement</u>	<u>85.16</u>

Approved By:

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 9/7
Amount Paid 85.16
Check Number [REDACTED]

EAK
Check Signer Initial

50

570 AUAHU ST.
HONOLULU, HAWAII 96813
PHONE 537-9958

SAILMAKERS
CANVAS SPECIALISTS
AWNING MFG.



1700 ALA MOANA BLVD.
(SEA CENTER)
HONOLULU, HAWAII 96815
PHONE 947-5459

RIGGING
SWAGGING
SAIL DROP OFF

Customer's

Order No.

Date 7-28 19 77

Name

Address

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT
QUAN.	DESCRIPTION				PRICE	AMOUNT
	Sew Sail Repair Kit					7 50
6	Sewing needles ass'd. 18 3/4, 14				55 ea	3 30
1	R/H Roping Palm					20 35
1	L/H Roping Palm					20 35
						51 50
	4% Tax					2 06
						51
	TOTAL					53 56

ALL claims and returned goods MUST be accompanied by this bill

Rec'd by

501-A-MBF

0624

TERMS: NET 30 DAYS. 1 1/2% PER MONTH INTEREST WILL BE
CHARGED ON UNPAID BALANCE AFTER 30 DAYS. IN THE EVENT OF DEFAULT,
ALL COLLECTION COSTS WILL BE PAID BY THE DEBTOR.

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME John Knise
VENDOR ADDRESS [REDACTED]

<u>Description</u>	<u>Amount Due</u>
<u>Reimbursement</u>	<u>109.35</u>
<u>(one slip missing \$33.00 - travel)</u>	

Approved By:

JT (enr)

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid _____

Amount Paid _____

Check Number [REDACTED]

EAR
Check Signer Initial

52

AUG 1, 30
HOKUKA
COPPER NAILS

8060 EMP CA
03 DIV
19500998 MOSE 1.95+*
4.000% TAX .08+
7917101158203 2.03+ T

SEARS

8 12 77

Aug 30

DAWT

SHOP PENNEY'S
You'll find better
... you'll save!
HOKUTKA

52 15.00 1

52 13.00 1

-2 01.12 9

-Q 29.12 5

THANK YOU
J. C. PENNEY CO.

S. 843 31 AUG 77

SHOP PENNEY'S
You'll find better
... you'll save!

-Q 29.12 5

THANK YOU
J. C. PENNEY CO.

S. 843 31 AUG 77

SAIL - AUG. 31

.001

CANVAS REPAIR

5.80

53.56

69.165

28.96 -

40.207

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME John Kruse

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
<u>Reimbursement</u>	<u>72.58</u>
_____	_____
_____	_____
_____	_____
_____	_____

Approved By: _____

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 8/11/77
Amount Paid 72.58
Check Number 2020

EAK
Check Signer Initial

CITY MIEL
HOME IMPROVEMENT CTR.
HONOLULU

H 3 502223 4/ 3.00 MD
H .12 TX
105 2855 6/09/77 3.12STTL

20.00CATD

16.88CACG

105 2855 12 6/09/77

PLEASE PAY CASHIER

DATE:

8/9/77

SALESCLERK

AK *Bd*

NAME _____

Thank You for Shopping at City Mill

TAX

51

	TOTAL	806
--	-------	-----

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME John Kruse
VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
<u>Reimbursement</u>	<u>90.00</u>
<u>Reimbursement</u>	<u>24.40</u>
_____	_____
_____	_____
_____	_____

Approved By: _____

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid _____
Amount Paid _____
Check Number 2013/2014

EAK
Check Signer Initial

MAUNALEWA SAILS

800 S. KING ST.
HONOLULU, HAWAII 96813

No 1177

SOLD TO

Hokua

DATE July 21 / 77
CUSTOMER'S ORDER
SALESMAN
TERMS
30 days
F.O.B.

SHIPPED TO

198

SHIPPED VIA

Repair canvas tarp			14	00
	4% tax			56
			14	56
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> net cash July 22 77 </div>				
DISBURSEMENT Krusk				
			59	

INVOICE

184
47 79

**SAILMAKERS
CANVAS SPECIALISTS
AWNING MFG.**



1700 ALA MOANA BLVD.
(SEA CENTER)
HONOLULU, HAWAII 96815
PHONE 947-5459

RIGGING SWAGGING SAIL DROP OFF

Order No.

Date July 28 19 77

Name John Kruse

Address

ALL claims and returned goods MUST be accompanied by this bill

Rec'd by

501-A MBF

0625

TERMS: NET 30 DAYS. 1½% PER MONTH INTEREST WILL BE CHARGED ON UNPAID BALANCE AFTER 30 DAYS. IN THE EVENT OF DEFAULT, ALL COLLECTION COSTS WILL BE PAID BY THE DEBTOR.

6

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Paige Barber

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
Reimbursement plane fare	\$48.00

Approved By:

PKB

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid July 18, 1977

Amount Paid \$48.00

Check Number 2012

eak
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Jerry Hay, INC
VENDOR ADDRESS 700 Bishop St. #404
Honolulu 96813

<u>Description</u>	<u>Amount Due</u>
Late charges/audit	134.24

Approved By:

J. Thielen

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid July 18, 1977

Amount Paid \$134.24

Check Number 2010

BBCY/PKB

Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME I. B. M.

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
<u>Bill, lift off tape</u>	<u>\$31.20</u>
_____	_____
_____	_____
_____	_____
_____	_____

Approved By:

J. Thielen

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid July 15, 1977

Amount Paid \$31.20

Check Number 2009

sal
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Hawaii Clipping Service

VENDOR ADDRESS P. O. Box 2033
Honolulu 96818

<u>Description</u>	<u>Amount Due</u>
<u>Bill</u>	<u>\$27.17</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Approved By:

J. Thielen

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 7.15.77

Amount Paid 27.17

Check Number 2008

eak
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Hawaiian Telephone

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
<u>Phone bill</u>	<u>\$53.35</u>
_____	_____
_____	_____
_____	_____
_____	_____

Approved By:

J. Thielen

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid July 15, 1977

Amount Paid \$53.35

Check Number 2007

eak
Check Signer Initial

66

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Hawaii State Tax Collector
VENDOR ADDRESS 821 Mililani St
Honolulu 96813

<u>Description</u>	<u>Amount Due</u>
Unemployment paymts	\$11.11

Approved By:

J. Thielen

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid July 13, 1977

Amount Paid \$11.11

Check Number 2005

eat
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Cardinal Mailing Service

VENDOR ADDRESS 327 Keawe St
Honolulu 96813

<u>Description</u>	<u>Amount Due</u>
<u>Bill for labels</u>	<u>\$30.72</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Approved By:

J. Thielen

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid July 11, 1977

Amount Paid \$30.72

Check Number 2004

ask
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Jerry Muller

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
<u>Reimbursement</u>	<u>24.01</u>
_____	_____
_____	_____
_____	_____
_____	_____

Approved By:

PKB

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid July 7, 1977

Amount Paid \$24.01

Check Number 2003

ek
Check Signer Initial

69

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Art Nelson, Sailmaker

VENDOR ADDRESS [REDACTED]

<u>Description</u>	<u>Honolulu</u>	<u>Amount Due</u>
Partial payment on sails		Due: \$945.00
		paid 400.00

Approved By:

PKB

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid July 7, 1977

Amount Paid \$400.00

Check Number [REDACTED]

PKB/EC
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Eleanor Kirkpatrick

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
<u>Net salary 6.15-6.30</u>	<u>\$193.87</u>
_____	_____
_____	_____
_____	_____
_____	_____

Approved By:

PKB

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid July 7, 1977

Amount Paid \$193.87

Check Number 2001

PKB FC

Check Signer Initial _____

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Joanne Sterling

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
Contract pay	\$50.00

Approved By:

PKB

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid July 7, 1977

Amount Paid \$50.00

Check Number 2000

ek
Check Signer Initial

72

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Robert Camara

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
<u>Reimbursement bills paid off island</u>	<u>\$88.84</u>
_____	_____
_____	_____
_____	_____
_____	_____

Approved By:

PKB

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid July 1, 1977

Amount Paid 88.84

Check Number 1999

eah
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME Wright Bowman
VENDOR ADDRESS [REDACTED]
Honolulu

<u>Description</u>	<u>Amount Due</u>
<u>one paddle</u>	<u>\$150.00</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Approved By:

PKB

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid July 1, 1977

Amount Paid \$150.00

Check Number [REDACTED]

FC, PKB
Check Signer Initial

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME John Kruse

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
<u>Reimbursements</u>	<u>130.00</u>
_____	_____
_____	_____
_____	_____
_____	_____

Approved By:

J. Thielen

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid July 1, 1977

Amount Paid \$130.00

Check Number 1997

FC.. PKB

Check Signer Initial

75

POLYNESIAN VOYAGING SOCIETY, INC.

REQUEST FOR PAYMENT

VENDOR NAME John Kruse

VENDOR ADDRESS _____

<u>Description</u>	<u>Amount Due</u>
<u>Reimbursements</u>	<u>\$238.56</u>
_____	_____
_____	_____
_____	_____
_____	_____

Approved By:

J. Thielen

(All purchases must be approved by two authorized persons. Authorized persons include Committee Chairmen, the President, the Vice-President, and the Treasurer.)

No payments will be made without the attachment of invoices, and the proper approvals.

Date Paid 7.1.77

Amount Paid 238.56

Check Number 1996

FC. CL

Check Signer Initial