A8.682 REPLACEMENT CHECKS

1. Purpose

To replace a lost University of Hawaii General Account (UHGA) check.

2. Definition

Check refers to a check issued from the UHGA at the Bank of Hawaii. Except for payroll and the Departmental Checking System (DCS) checks, all University payments regardless of funds are made from the UHGA.

Lost checks are not in the possession of the payee or the University, and have not been cashed by the Bank. Lost checks may have been stolen, missing, misplaced, destroyed, forged or not received by the payee.

Stop payment is an order issued by the University to the Bank not to cash a check.

3. Objective

To process a stop payment request and issue a replacement check.

4. Applicability/Responsibilities

a. Fiscal Administrators request from the General Accounting and Loan Collection Office the status of a check, prepare a Stop Payment/Cancellation Request Form, FMIS-625 (Attachment A) and request a replacement check.
b. General Accounting and Loan Collection will verify the outstanding status of the check, notify the bank of lost check, submit a "Stop Payment Order," and process the cancellation of the check.

c. Disbursing and Payroll Office issues the replacement check.

5. Procedures for Fiscal Administrators

a. Check Number

When a payee claims that a check is lost, obtain the check number.

If the check number is unknown, obtain the document number (e.g.; purchase order number) check date, account code, and/or invoice number in order to search the department records to locate the check number.

b. Verification of Outstanding Check

The General Accounting and Loan Collection Office is notified to verify the status of the check.

If the check has been cashed by the Bank, a copy of the check (front and back) will be sent to the department (upon receipt of cancelled check from the Bank - two weeks after month-end) for examination by the payee. Upon examination, the payee may drop his/her claim of lost check or the payee may claim forgery. For instructions on forgery, see Administrative Procedure A8.685.

If the check has not been cashed by the Bank, proceed with 5.c below.

c. Stop Payment

A request is made to the General Accounting and Loan Collection Office that a Stop Payment Order be placed to the Bank. Fiscal Administrator
provides the check number, date, amount, payee name and the reason for a stop payment request.

d. Stop Payment/Cancellation Request Form, FMIS-625

Prepare a Stop Payment/Cancellation Request Form, FMIS-625, using the original account code.

Attach supporting documents for the Stop Payment/Cancellation Request Form, FMIS-625. A supporting document is a copy of the FMIS screen 113, Vendor Analysis, which displays the ten (10) digit account code, vendor code and check number. (Attachment B)

e. Replacement Check

Prepare an **Authorization for Payment (AFP) Form** to request a replacement check (Attachment C). The document number of the original request for payment should be used on the replacement AFP for reference. Attach supporting documents listed below. Submit the AFP with the Stop Payment/Cancellation Request Form, FMIS-625, to the Disbursing and Payroll Office. The Disbursing and Payroll Office will forward the Stop Payment/Cancellation Form, FMIS-625, to the General Accounting and Loan Collection.

Supporting documents for the AFP are:

1) Copy of the payment document (Attachment D)

2) Copy of the invoice

3) Validated copy of Stop Payment/Cancellation Request form, FMIS-625
<table>
<thead>
<tr>
<th>ENTRY NO.</th>
<th>VENDOR NAME</th>
<th>VENDOR CODE</th>
<th>ACCOUNT CODE</th>
<th>SUB CODE</th>
<th>BANK NO</th>
<th>CHECK NO.</th>
<th>CHECK AMOUNT</th>
<th>REASON FOR STOP PAYMENT/CANCELLATION</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>COMPANY ONE INC.</td>
<td>V0000XXX001</td>
<td>xxxxxx</td>
<td>xxxx</td>
<td>00030</td>
<td>xxxxxxx</td>
<td>1.00</td>
<td>LOST CHECK</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Totals (All pages):** 1.00

**Prepared By:**
Print Name and Sign
Department
Phone
Date

**Approved By:**
Fiscal Officer/Financial Aid Officer
Department
Phone
Date

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**Central Office Use Only**

**Approved By:**
Print Name and Sign
ORS
Office
Title
Date

Print Name and Sign
GALC
Office
Title
Date

**Stop Payment Required?**
X Yes
□ No
Date: ____________

**Origination Date:** 4/11/95

**Revision Date:** 09/06/99
<table>
<thead>
<tr>
<th>Voucher</th>
<th>Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXX 0XXXX0XX0</td>
<td>XXXXXX 0XXXX0XX0</td>
</tr>
</tbody>
</table>

**Status:** Paid
**Bank:** 000 0
**Check:** xxxxxx
**Paid:** 01/01/2001
**Vendor:** V0000XXX001
**Reconc ed:**
**Vouchers:** 1
**Voided:**
**Amount:** 1.00
**Enc osure:** Y
**Discount Lost:**
**Demand Check:**

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Enter PF1--PF2--PF ---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
HELP Notes Exit

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4-© 1 Sess-l 128.171.245. 2 TCPPT177 10/22
UNIVERSITY OF HAWAII

AUTHORIZATION FOR PAYMENT FORM

(Shaded items represent information to be completed by Disbursing. See reverse side for instructions)

| DOCUMENT NUMBER | A036XXX |

PAYEE'S NAME (Last Name, First Name, Middle Initial)

COMPANY ONE INC.

PERMANENT ADDRESS: 999X ADDRESS STREET

CITY: NAME OF CITY STATE: ST ZIP CODE: 2000X

DEPARTMENT

General Accounting and Loan Collection

<table>
<thead>
<tr>
<th>VOUCHER NO.</th>
<th>VENDOR CODE</th>
<th>ACCOUNT CODE</th>
<th>SUBCODE</th>
<th>TYPE</th>
<th>P/F/N</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>V0000XXX001</td>
<td></td>
<td>XXXXXX</td>
<td>XXX</td>
<td>0</td>
<td>N</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Deposit/Credit Information (Optional - For internal notations)

TOTAL 1.00

ACCOUNT CODE | SUBCODE | VENDOR/SSN | AMOUNT |
-------------|---------|------------|--------|

DESCRIPTION OF GOODS/SERVICES AND REASONS FOR PAYMENT: (Include pertinent information such as nature of payment, period covered, compensation, receipts/invoice numbers, etc.)

TO REPLACE A LOST CHECK. STOP PAYMENT HAS BEEN PLACED.

As contractually authorized, all the materials, supplies and services have been received in good order and condition.

GALC

AUTHORIZED SIGNATURE OF RECIPIENT DATE DEPARTMENT/UNIT TELEPHONE

APPROVED BY: APPROVING AUTHORITY DATE

FISCAL OFFICER DATE

XXX F.O. CODE

CENTRAL OFFICE USE ONLY

SPECIAL CENTRAL OFFICE APPROVAL BY: APPROVING AUTHORITY DATE

Orgination Date: 3/27/96

Revision Date: 1/23/96
UNIVERSITY OF HAWAII

NOTICE TO VENDORS

TIME IS OF THE ESSENCE AND THIS ORDER IS CONTINGENT UPON YOUR ACCEPTANCE OF THE SPECIFIED TERMS AND CONDITIONS AND YOUR ABILITY TO MEET THE BELOW STATED DELIVERY DATE; OTHERWISE THIS PURCHASE ORDER IS VOID. DELIVERY ADDRESS, PURCHASE ORDER NUMBER, AND REQUISITIONER MUST APPEAR ON ALL PACKAGES, INVOICES AND SHIPPING NOTICES.

FEDERAL FUNDS APPLY: YES ☑ NO ☐

IF YES, THE ATTACHED FEDERAL PROVISIONS SHALL ALSO APPLY

DELIVER TO:

(ALL TRANSPORTATION CHARGES MUST BE PREPAID G.B. DESTINATION)

DEPARTMENT'S NAME
DEPARTMENT'S ADDRESS

REQUISITIONER

Name: Smith
956-XXXX
DELIVER ON OR BEFORE
01/01/2001
DELIVER PREPAID VIA

CONTRACT/PRICE LIST/QUOTATION NO.
DISCOUNT TERMS

BILLING ADDRESS - SEND ONE ORIGINAL AND TWO COPIES OF INVOICE TO:

UNIVERSITY OF HAWAII
DEPARTMENT'S NAME
HONOLULU, HI 96822

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<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.00</td>
<td>1.00</td>
</tr>
</tbody>
</table>

TOTAL $ 1.00

Fiscal Officer's Name

F.O. Mailing Address

FEDERAL TAX IDENTIFICATION NO

ACCOUNT CODE

XXXXXXX

PAYMENT RECORD

DATE DOCUMENT NUMBER PAYMENT AMOUNT ENC. S

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VENDOR CODE

V0000XXXX001

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FOR UNIVERSITY USE ONLY

I CERTIFY THAT THIS PURCHASE SUPPORTS THE UNIVERSITY PROGRAM INDICATED IN THE ACCOUNT CODE BLOCK.

I CERTIFY THAT SUFFICIENT FUNDS ARE AVAILABLE IN THIS ACCOUNT FOR THIS PURCHASE AND THAT THIS PURCHASE IS IN ACCORDANCE WITH APPLICABLE UNIVERSITY POLICIES AND PROCEDURES.

APPROVING AUTHORITY

TITLE

FISCAL OFFICER (If Fiscal Officer is same as Purchasing Officer, X here)

P.O. CODE NO:

EQUIPMENT TO BE LOCATED (Bldg. & Rm.)

FEDERALLY OWNED EQUIPMENT

INCORPORATED INTO EXISTING EQUIPMENT:

DECAL NO. OR P.O. NO. IF DECAL NOT ISSUED

ACCOUNT CODE

XXXXXXX

OBJECT AMOUNT

XXXX 1.00