A8.684 FORGERY OF A UNIVERSITY OF HAWAII GENERAL ACCOUNT CHECK

1. Purpose

To report and replace a University of Hawaii General Account (UHGA) check due to forgery.

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.

Forgery is a fraudulent endorsement of a check.

Payroll checks from the State of Hawaii and the Departmental Checking System (DCS) checks from UH departments are excluded from this instruction. For Payroll checks, please call the Disbursing and Payroll Office. For DCS checks, refer to Administrative Procedure A8.848 Section 4.d., Altered checks, Forgery Situations.

3. Objective

To verify an alleged act of forgery, process the Stop Payment/Cancellation Request Form, FMIS-625 (Attachment A), and replace a forged check.

4. Applicability/Responsibilities

a. Fiscal administrator must report alleged forgery to General Accounting and Loan Collection (GALC), complete an affidavit form provided by GALC,
prepare a Stop Payment/Cancellation Request Form, FMIS-625, and prepare an Authorization for Payment Form (AFP) (Attachment B) to replace check.

b. General Accounting and Loan Collection obtains a copy of the alleged forged check, obtains affidavit form from the bank, requests a credit to the UHGA bank account and processes the Stop Payment/Cancellation Request Form, FMIS-625.

c. Disbursing and Payroll Office issues the replacement check.

5. Procedures for Fiscal Administrators

a. Check Number

When a payee claims forgery, the check number, date, and payee are obtained.

If the check number is not available, obtain the document number (e.g.; purchase order number) check date, account code, and/or invoice number in order to search department records to locate the check number and date.

b. Cancelled Check

Contact the General Accounting and Loan Collection to verify if the check has been cashed by the Bank of Hawaii.

If the check has been cashed, a copy of the check (front and back) will be sent to the department to transmit to the payee for verification of endorsement. If the payee determines that the signature is his/hers, no further action is required.

If the payee claims forgery, proceed with 5.c,d, and e below.

c. Affidavit of Forged Endorsement Form
Prepare an “Affidavit of Forged Endorsement” form and have the payee sign and notarize it. (See Attachment C). Forms will be forwarded to fiscal administrators by the General Accounting and Loan Collection.

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

Prepare a Stop Payment/Cancellation Request Form, FMIS-625, to reverse the payment entry of an alleged forged check.

e. Supporting documents for Stop Payment/Cancellation Request Form, FMIS-625.

1) Copy of the FMIS screen 113, Vendor Analysis, displaying the ten (10) digit account code, vendor code, and check number. (Attachment D)

2) Original “Affidavit of Forged Endorsement” form

3) Copy of the allegedly forged check (front and back).

f. Replacement Check

Prepare an Authorization for Payment (AFP) form (using the same AFP number of the original request) to request a replacement check. Submit the AFP with appropriate supporting documents to the General Accounting and Loan Collection for handling.

Supporting documents for AFP:

1) Copy of the allegedly forged check (front and back)

2) Copy of payment document and invoice, if available

3) Copy of completed “Affidavit of Forged Endorsement”
4) Validated copy of Stop Payment/Cancellation Request Form, FMIS-625

Replacement checks not requested at the time of check cancellation may be requested at a later date.
<table>
<thead>
<tr>
<th>ENTRY NO.</th>
<th>VENDOR NAME</th>
<th>VENDOR CODE</th>
<th>ACCOUNT CODE</th>
<th>BANK CODE</th>
<th>CHECK NO.</th>
<th>CHECK AMOUNT</th>
<th>REASON FOR \nSTOP PAYMENT/CANCELLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>DOE, JOHN</td>
<td>S9999999980</td>
<td>xxxxxxx</td>
<td>xxxx</td>
<td>00030</td>
<td>0.01</td>
<td>TO REPLACE A FORGED CHECK</td>
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**TOTALS (All pages):**

0.01

**PREPARED BY:**

Print Name and Sign

Department

Phone

Date

**APPROVED BY:**

Print Name and Sign

Fiscal Officer/Financial Aid Officer

Department

Phone

Date

**CENTRAL OFFICE USE ONLY**

**APPROVED BY:**

Print Name and Sign

CGMO

Office

Title

Date

BATCH ID

BATCH DATE

Stop Payment Required?  

☐ Yes  ☒ No  

Date:
UNIVERSITY OF HAWAII

AUTHORIZED FOR PAYMENT FORM

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

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

DOE, JOHN

SOCIAL SECURITY NUMBER

PERMANENT ADDRESS: 998X DOLE STREET

CITY: HONOLULU STATE: HI ZIP CODE: 96822

DEPARTMENT General Accounting and Loan Collection

IF PAYMENT IS TO AN INDIVIDUAL CHECK ONE OF THE FOLLOWING:

☐ Regular Employee
☐ Nonregular employee (SCOPIS)
☒ Non-Employee

VOUCHER NO. VENDOR CODE ACCOUNT CODE SUBCODE TYPE P/F/N AMOUNT
S9999999980 XXXXXX XXXX 0 N 0.01

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 REISSUE LOST CHECK:

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

036 F.O. CODE

SPECIAL CENTRAL OFFICE APPROVAL BY:

APPROVING AUTHORITY DATE

Origination Date: 3/27/95
Revision Date: 1/23/96
Affidavit of Forged Endorsement

STATE OF __________________________ )
CITY OF __________________________ ) ss.
COUNTY OF _________________________ )

________________________________________ of _______________, State of ____________, residing at __________________________________________ being duly sworn, deposes and says that certain check(s) drawn on Account # _______________

<table>
<thead>
<tr>
<th>Check Number</th>
<th>Dated</th>
<th>Amount</th>
<th>Payable To</th>
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</table>

and purporting to be signed by __________________________, endorsed by __________________________, and paid by the __________________________ was (X) not endorsed by affiant. Affiant further states that no part of the money so paid by said bank was received by him (her), directly or indirectly, and that no part of said money was applied to any use or purpose in his (her) behalf.

________________________________________
Signature of Affiant

Subscribed and sworn to before me this ______ day of _______________, 20____

______________________________
Notary Public

My commission expires: ______________
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<table>
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| Clear | 0.01 |

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Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
HELP Notes Exit