
A8.600 Accounting

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A8.681 CANCELLATION OF UNIVERSITY OF HAWAII GENERAL ACCOUNT
CHECK

1. Purpose

To record the cancellation of a 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.

Cancellation of a UHGA check is a check which has been prepared and subsequently voided for various reasons that may include errors in the payee name, amount and other discrepancies.

3. Objective

To properly void and account for all canceled checks.

4. Applicability/Responsibilities

- a. Fiscal administrators void checks by writing "VOID" across the face of the original check and submitting the check as a supporting documents with the [Stop Payment/Cancellation Request Form, FMIS-625](#).
- b. General Accounting and Loan Collection will record the related reversing entry.

5. Procedures

- a. The fiscal officer prepares the Stop Payment/
Cancellation Request Form, FMIS-625 following the
instructions (Attachment A) and providing supporting
documents such as the check with "VOID" written across
the face of the check and check stub.
- b. General Accounting and Loan Collection will record the
reversing entry to cancel the check.

The cancellation of a check from prior year general
funds reverts to the State Treasury. All other funds
held within the University of Hawaii reverts to the
original fund.

UNIVERSITY OF HAWAII STOP PAYMENT/CANCELLATION REQUEST

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DATE: 01/01/2001
(MM/DD/YY)

(Shaded Items represent information to be completed by Central Offices. See reverse side for instructions)

DOCUMENT NUMBER
V _____

<input checked="" type="checkbox"/> SCREEN 110 - VOID CHECK	<input type="checkbox"/> SCREEN 013 - CASH DISBURSEMENT
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ENTRY NO.	VENDOR NAME	VENDOR CODE	ACCOUNT CODE	SUB CODE	BANK NO.	CHECK NO.	CHECK AMOUNT	REASON FOR STOP PAYMENT/CANCELLATION
1	DOE, JOHN	S9999999980	xxxxxx	xxxx	00030	xxxxxx	0.01	WRONG AMOUNT
2								
3								
4								
5								
6								
7								
8								

TOTALS (All pages): 0.01

PREPARED BY: _____
Print Name and Sign
Department
Phone
Date

APPROVED BY: _____
Fiscal Officer/Financial Aid Officer
Department
Phone
Date

CENTRAL OFFICE USE ONLY

APPROVED BY: _____
Print Name and Sign
CGMO
Title
Date

_____ GALC _____
Print Name and Sign
Office
Title
Date

BATCH ID
BATCH DATE

Stop Payment Required? Yes No Date: _____