

Prepared by General Accounting and Loan Collection.
This is a NEW Procedure.

A8.682

A8.600 ACCOUNTING

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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

UNIVERSITY OF HAWAII STOP PAYMENT/CANCELLATION REQUEST

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

DOCUMENT NUMBER
V <u> </u>

<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	COMPANY ONE INC.	V0000XXX001	xxxxxx	xxxx	00030	xxxxxx	1.00	LOST CHECK
2								
3								
4								
5								
6								
7								
8								

TOTALS (All pages): 1.00

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
ORS
Office
Title
Date

Print Name and Sign
GALC
Office
Title
Date

BATCH ID
BATCH DATE

Stop Payment Required? Yes No Date: _____

UNIVERSITY OF HAWAII

DATE: 02/01/2001 (MM/DD/YY)

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. SOCIAL SECURITY NUMBER

PERMANENT ADDRESS: 999X ADDRESS STREET CITY: NAME OF CITY STATE: ST ZIP CODE: 2000X IF PAYMENT IS TO AN INDIVIDUAL, CHECK ONE OF THE FOLLOWING: Regular Employee Non-regular employee (SCOPIS) Non-Employee

DEPARTMENT General Accounting and Loan Collection

Table with 7 columns: VOUCHER NO, VENDOR CODE, ACCOUNT CODE, SUBCODE, TYPE, P/F/N, AMOUNT. Row 1: V0000XXX001, XXXXXX, XXXX, 0, N, 1.00

Summary row: Deposit/Credit Information (Optional - For internal notations), TOTAL, 1.00

Table with 4 columns: 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. 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

