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. <u>Purpose</u>

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

2. <u>Definition</u>

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. <u>Objective</u>

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

4. <u>Applicability/Responsibilities</u>

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.

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- 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. <u>Procedures for Fiscal Administrators</u>

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

FMIS-625								CAMPUS: M	A Page 1 of	
		UNIVERSITY OF						DATE:	02/01/2001	
		P PAYMENT/CANCELL rmation to be completed by Cer			side for ins	tructions)		_	(MM/DD/YY) DOCUMENT NUMBER	
			(luctions)							
X SCREEN 110 - VOID CHECK SCREEN 013-CASH DISBURSEMENT									V	
ENTRY	VENDOR	VENDOR	ACCOUNT	SUB	BANK	CHECK	CHECK		REASON FOR	
NO.				CODE	NO.	NO.	AMOUNT		PAYMENT/CANCELLATION	
1	COMPANY ONE INC.	V0000XXX001	XXXXXX	XXXX	00030	XXXXXXX	1.00	LOST CHE	ECK	
2										
3										
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8										
L				I	TOTALS (/		1.00			
					TOTALS (All pages).	1.00			
PREPARE	ED BY: Print Name	and Sign		Departme	ent		Phone	Date	-	
APPROVE										
AFFROVE	Fiscal Officer/Fina	ancial Aid Officer		Departme	ent		Phone	Date	-	
			CENTRAL	OFFICE	USE ON	_Y				A
										A8.682
APPROVE				ORS					-	
	Print Name	and Sign		Office			Title	Date	BATCH ID	ttac
	Print Name	and Sign		GALC			Title	Date	BATCH DATE	Attachment
								Duto		P t
Stop Payme	ent Required? X Yes	No Date:								4
Originatio	on Date: 4/11/95								Revision Date: 06/06/96	of 7

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					c No:	
	History: _		Due:		thru:	
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Disc Lost:	Se ect:	E	Bank:	0000		
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						1
-	+					+
Enter-PF1PF2PH HELP Notes Ex		F5PF6PF	7E	PF8PF9-	PF10PF11	PF12
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						A8.682 At		
FMIS-2						CAMPUS:	MA P 6 d	
	UI	NIVERSITY O	FHAWAII			DATE:	02/01/2001 (MM/DD/YY)	
	AUTHORIZA	TION FOR	PAYMENT F	ORM			(
(Shaded	items represent information	n to be completed b	y Disbursing. See reverse	side for instructions	;)	DOCUMENT NUMBER		
						Å	4036XXX	
AYEE'S NAME (Last	Name, First Name, Middle	e Initial)			SOCIAL SE	CURITY NUMBER	2	
COMPAN	Y ONE INC.							
PERMANENT ADDRESS:	999X ADDRESS		AYMENT IS TO AN INDIVIDUAL, CHECK ONE					
CITY:		Regular Employee						
EPARTMENT	Concret Accounting		-41			Non-regular emplo	yee (SCOPIS)	
G	General Accounting		cuon		X	Non-Employee		
VOUCHER NO	VENDOR C	ODE	ACCOUNT CODE	SUBCODE	TYPE	P/F/N	AMOUNT	
	V0000XXX001		XXXXXXX	xxxx	0	N	1.00	
			100000				1.00	
		Deposi	t/Credit Information (Option	nal - For internal not	tations)	TOTAL	1.00	
ACCOUNT CODE	SUBCODE		VENDOR/SSN		AMO	DUNT		
	CODS/SERVICES AND R			covered, compens		ment, period /invoice numbers,	etc.)	
contractually authorize	ed, all the materials, supplies a	and services have been	received in good order and c	ondition.				
				GALC				
AUTHORIZ	ZED SIGNATURE OF REC	CIPIENT	DATE		ARTMENT/UI	NIT	TELEPHONE	
							·	
PPROVED BY:	A	PROVING AUTHO	RITY	DATE	-			
		FISCAL OFFICER	-	-	XXX F.O. CODE			
			SENTRAL OFFICE USE C	DATE			T.O. OODE	
PECIAL CENTRAL FFICE APPROVAL E	BY:				_			
	A	PPROVING AUTHO	RITY	DATE				
Drigination Date: 3/27/95	5					R	evision Date: 1/23/96	

												ttachment D 7 of 7		
UNI	/ER	SITY (DF	HAWAII	CAMPUS MA	A D	ATE 12/15	00 PURC	HASE OR	DER	No. Pl	B 38586		
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