

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

A8.684

A8.600 ACCOUNTING

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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.

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
-------------------------------------------------------------	---------------------------------------------------------

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	TO REPLACE A FORGED CHECK
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
Office
Title
Date

Print Name and Sign
GALC
Office
Title
Date

BATCH ID
BATCH DATE

Stop Payment Required? Yes No Date: _____

CAMPUS: MA

DATE: 6/30/01
(MM/DD/YY)

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) DOE, JOHN	SOCIAL SECURITY NUMBER
--------------------------------------------------------------------------	------------------------

PERMANENT ADDRESS: 999X DOLE STREET	IF PAYMENT IS TO AN INDIVIDUAL, CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> Regular Employee <input type="checkbox"/> Non-regular employee (SCOPIS) <input checked="" type="checkbox"/> Non-Employee
CITY: HONOLULU STATE: HI ZIP CODE: 96822	

DEPARTMENT General Accounting and Loan Collection

VOUCHER NO.	VENDOR CODE	ACCOUNT CODE	SUBCODE	TYPE	P/F/N	AMOUNT
	S999999980	XXXXXX	XXXX	0	N	0.01

Deposit/Credit Information (Optional - For internal notations)					TOTAL	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
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APPROVED BY: _____
APPROVING AUTHORITY DATE

FISCAL OFFICER DATE 036
F.O. CODE

CENTRAL OFFICE USE ONLY

SPECIAL CENTRAL OFFICE APPROVAL BY: _____
APPROVING AUTHORITY DATE



Affidavit of Forged Endorsement

STATE OF _____)
CITY OF _____) ss.
COUNTY OF _____)

_____ of _____
County of _____, State of _____, residing at _____,
being duly sworn, deposes and says that certain
check(s) drawn on Account # _____

<u>Check Number</u>	<u>Dated</u>	<u>Amount</u>	<u>Payable To</u>
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and purporting to be signed by _____, endorsed by _____
_____ and paid by the _____
was ~~was~~ 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: _____

113 Vendor Analysis

DOE, JOHN

06/27/2001 09:02
FY 2001 CC MA

Screen: ___ Vendor: S9999999980 Voucher: _____ Account: _____
Doc No: _____

Paid: A History: _ Due: _____ thru: _____
Held: _ 1099: _____ Paid: _____ thru: _____
Disc Lost: _ Select: _____ Bank: 00030

Voucher	Account	-----Check Extended Information-----		t
0XXXXXX	0XXXX0XX0	Status: Paid		
		Bank: 00030		0.01
		Check: xxxxxx	Paid: 01/01/2001	
			Cleared:	
		Vendor: S9999999980	Reconciled:	
		Vouchers: 1	Voided:	
		Amount: 0.01		0.01
		Enclosure: Y	Discount Lost:	
			Demand Check:	

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

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