STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
HONOLULU, HAWAII

June 5, 1985

DIRECTOR'S OFFICE
JUN 7 1 56 PM '85
DEPT. OF TRANSPORTATION

MEMORANDUM 1985-14

TO: Heads of Departments and Agencies

ATTENTION: Payroll/Personnel Officers

FROM: Hideo Murakami, Comptroller

SUBJECT: Treasury Deposit Receipt (SAForm B-13) for Payroll Clearance Fund Deposits of Salary Overpayment Reimbursements

The purpose of this memorandum is to provide immediate instructions to departments and agencies on the preparation of the revised Treasury Deposit Receipt, SAForm B-13, for the specialized process of depositing payroll overpayments collected from State employees. This form has been revised effective 7/1/85, and the revised form is the only form that will be acceptable as of that date. Instructions on preparation and processing of the revised form will be covered in the Accounting Manual at a later date, but there is a necessity for providing these instructions more immediately in view of the required usage of the revised form as of 7/1/85.

Reimbursements of salary overpayments must be deposited into the "Payroll Clearance Fund" by Central Payroll; however, the Treasury Deposit Receipt, SAForm B-13, must first be prepared by the department or agency concerned.

The department or agency keeps Copy #4 and sends the other three copies (#1, #2, and #3) to Central Payroll along with the funds for depositing, the SAForm D-70 "Notification for Payroll Adjustment", and (if applicable) the SAForm D-71 "Employer's Share of Contribution Adjustment Sheet".

Please follow the attached instructions when preparing the Treasury Deposit Receipt, SAForm B-13, revised 7/1/85, for payroll clearance fund deposits.

If there are any questions, your staff should contact the Central Payroll Pre-Audit Clerk assigned to audit your departmental payroll.

HIDEO MURAKAMI
Comptroller

Attachment

INSTRUCTIONS FOR COMPLETING
TREASURY DEPOSIT RECEIPT (SAFORM B-13)

JULY 1, 1985 (REVISED)

Item No.*	Title	Instructions
1	Fund	Enter "TRUST".
2	Detail Fund or Appropriation	Enter "PAYROLL CLEARANCE FUND".
3	Date	Enter the date of receipt.
4	Suffix (SFX)	Enter "01".
5	Transaction Code (TC)	Enter "122".
6	Fund (F)	Enter "T".
7	Fiscal Year (YR)	Enter the current fiscal year code (2 digits).
8	Appropriation Account (APP)	Enter "915".
9	Department (D)	Enter "M".
10	Source or Object	Enter "9200".
11	Cost Center	Enter "050".
12	Amount	Enter the amount of the deposit.
13	Remarks	Enter the following information: "SALARY O/P REIMBURSEMENT: Name: SSNo.: PR-Dst: Name of Bank: Check No.: Check Date: Check Amount: (Preparer's Initials)"
14	Total Deposit	Enter the total amount being deposited.
15	Kinds of Deposit	Enter the amount of each type of funds to be deposited as specified on the treasury deposit receipt.
16	Total deposit	Enter the total of the various kinds of funds deposited. This should equal the total deposit, Item 14.
17	Department	Enter the following information: "FOR DAGS CENTRAL PAYROLL BY: (Name of Department)"
18	Signature of Authorized Person	The person authorized to prepare deposits within the department must sign the form.

* Refer to Attachments

STATE OF HAWAII

TREASURY DEPOSIT RECEIPT

FUND				DETAIL FUND OR APPROPRIATION											DATE
1				2											3
SFX	TC	F	YR	APP	D	SOURCE/ OBJECT	COST CENTER	PROJECT NUMBER	PH	DEPT ACT	G/L ACCT	S/L ACCT	VENDOR NUMBER	SFX	AMOUNT
xx	xxx	x	xx	xxx	xx	xxxx	xxxx	xxxxxx	xx	xxx	xxx	xxxxxx	xxxxxxxxxx	xx	xxxxxxxxxxx xx
REFERENCE DOC NUMBER			SFX	REV	VENDOR NAME							OPTIONAL DEPARTMENTAL DATA			
xxxxxxxx			xx	x	x(30)							x(22)			
4	5	6	7	8	9	10	11								12

REMARKS:

13

TOTAL DEPOSIT	14
KINDS OF DEPOSIT	15
COIN	
CURRENCY	
STATE WARRANTS	
CHECKS	
BANK DEPOSITS	
OTHERS	
TOTAL DEPOSIT	16

DISTRIBUTION COPIES

COPY #1 — STATE TREASURY
COPY #2 — DEPARTMENT FISCAL OFFICE
COPY #3 — STATE COMPTROLLER
COPY #4 — DEPARTMENT FISCAL OFFICE (FOLLOW-UP COPY)

17

DEPARTMENT

18

SIGNATURE OF AUTHORIZED PERSON

RECEIPT OF DEPOSIT HEREBY ACKNOWLEDGED BY FINANCE DIVISION, DEPT OF BUDGET & FINANCE

SIGNED

DATE

DEPOSITORY'S NO

STATE ACCOUNTING FORM B-13
JULY 1, 1985 (REVISED)

STATE OF HAWAII

TREASURY DEPOSIT RECEIPT

FUND	DETAIL FUND OR APPROPRIATION	DATE
TRUST	PAYROLL CLEARANCE FUND	070185

SFX	TC	F	YR	APP	D	SOURCE/ OBJECT	COST CENTER	PROJECT NUMBER	PH	DEPT ACT	G/L ACCT	S/L ACCT	VENDOR NUMBER	SFX	AMOUNT
xx	xxx	x	xx	xxx	xx	xxxx	xxxx	xxxxxx	xx	xxx	xxx	xxxxxx	xxxxxxxxxx	xx	xxxxxxxxxxx xx
01	122	T	86	915	M	9200	050								18 96

REFERENCE DOC NUMBER	SFX	REV	VENDOR NAME	OPTIONAL DEPARTMENTAL DATA
xxxxxxxx	xx	x	X(30)	X(22)

REMARKS:

SALARY O/P REIMBURSEMENT:

Name: Ikedamoto, Beverly F S
SS No.: 109-32-7834
PR-Dst: EG4-001

Name of Bank: First Federal S&L
Check No.: 0453
Check Date: 062985
Check Amount: $18.96

jh

TOTAL DEPOSIT	18	96
KINDS OF DEPOSIT		
COIN		
CURRENCY		
STATE WARRANTS		
CHECKS	18	96
BANK DEPOSITS		
OTHERS		
TOTAL DEPOSIT	18	96

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FOR DAGS CENTRAL PAYROLL
By: Dept. of Education

DEPARTMENT

SIGNATURE OF AUTHORIZED PERSON

RECEIPT OF DEPOSIT HEREBY ACKNOWLEDGED BY FINANCE DIVISION DEPT OF BUDGET & FINANCE

SIGNED

DATE

DEPOSITORY'S NO

STATE ACCOUNTING FORM