BENJAMIN J. CAYETANO
GOVERNOR

DIRECTOR'S OFFICE
DEPT. OF
TRANSPORTATION
SEP 7 10 52 AM '95

SAM CALLEJO
Comptroller

MARY PATRICIA WATERHOUSE
Deputy Comptroller

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
AND GENERAL SERVICES
P O BOX 119
HONOLULU, HAWAII 96810-0119

SEP 6 1995

COMPTROLLER'S MEMORANDUM NO. 1995-27

TO: Heads of Departments

ATTN: Administrative and Fiscal Officers

SUBJECT: Revised Checks Cancelled, SAFORM C-53

This is to inform departments that a revised Checks (formerly Warrants) Cancelled will be effective upon availability. The new forms should be available from Correctional Industries starting October 2, 1995. Remaining quantities of the old form will be accepted by Central Accounting only up until December 31, 1995. After that date, departments and agencies will be required to use the new form. Departments are advised to order the new form by the end of the year.

Attached for your information is a sample copy of the revised form with the specific changes described below:

CHECKS CANCELLED, SAFORM C-53

1. Changed the word "WARRANTS" to "CHECKS" in the title.

2. In the column heading "DATE OF WARRANT", changed the word "WARRANT" to "CHECK".

3. In the column heading "WARRANT", changed the word "WARRANT" to "CHECK".

4. Changed the revision date to July 1, 1995 (REVISED).

Should there be any questions regarding this memorandum, please call Dona Kang of our Systems Accounting Branch at 586-0610.

SAM CALLEJO
State Comptroller

Attachment

SEP 11 1995

STATE OF HAWAII

(1) CHECKS CANCELLED

Department No.: _____

Comptroller No.: _____ xxxxxxxx

Department Date: _____

_____ FUND

Comptroller Date: _____ MM/DD/YY

SFX	TC	F	YR	APP	D	SOURCE/ OBJECT	COST CENTER	PROJECT NUMBER	PH	DEPT ACT	G/L ACCT.	S/L ACCT.	REFERENCE DOCUMENT NUMBER	SFX	VENDOR NUMBER	SFX
xx	xxx	x	xx	xxx	xx	xxxx	xxxx	xxxxxx	xx	xxx	xxx	xxxxxx	xxxxxxxx	xx	xxxxxxxxxx	xx

DATE CANCELLED	(2) DATE OF CHECK	(3) CHECK F	CHECK NUMBER	AMOUNT		MOD	OPTIONAL DEPARTMENTAL DATA	REASON
MM/DD/YY	MM/DD/YY	x	xxxxxxxx	xxxxxxxxxxx	xx	x	x (22)	

OTHER REMARKS:

_____ HEAD OF DEPARTMENT

_____ DATE

_____ COMPTROLLER

_____ DATE

(4) STATE ACCOUNTING FORM C-53
JULY 1, 1996 (REVISED)