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STATE OF HAWAII
DEPARTMENT OF ACCOUNTING
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P. O. BOX 119
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JUN 7 1996

COMPTROLLER'S MEMORANDUM NO. 1996-19

TO: Heads of Departments

ATTN: Administrative and Fiscal Officers

SUBJECT: Checks in Lieu of Warrants Pursuant to Section 40-51.5, Hawaii Revised Statutes

This memorandum follows our earlier memorandum NO. 1994-20, on the above subject, and communicates the following changes to the stop payment process for State of Hawaii checks as a result of the change in banking services to Bank of America effective July 1, 1996: (1) Bank Stop Payment Order Form; (2) New Void Date; (3) State Accounting Forms (SAFORMS) and (4) Detailed Instructions for Completing the SAFORMS.

Bank Stop Payment Order Form

Since banking services will be provided by a new bank, the Bank of America, FSB Stop Payment Order form was developed for placing stop payments on FY '97 checks, effective July 1, 1996. Departments are requested to order their forms from Correctional Industries in early June so the new forms can be delivered by July 1, 1996.

The Bank of Hawaii Stop Payment Order form will still be used, but only for FY '96 checks. The last date to use this form is December 31, 1996.

Correctional Industries will maintain inventory of both bank forms, therefore, to minimize confusion when ordering these forms, departments must specify which form they are ordering (Bank of America form or Bank of Hawaii form).

New Void Date

Unlike FY '96 checks which become void six (6) months after the date of issue, all FY '97 checks will become void on June 1, 1998. The new void date for FY '97 checks will provide payees with a longer period of time to cash their checks, and should reduce the number of requests for duplicate checks as the checks will not become void after only six (6) months. The new void date, however, will have a significant impact on when a duplicate check can be issued if the payee endorses the check without any restrictions (Blank Endorsement). For blank endorsements, the payee must wait at most six (6) months before a duplicate check can be issued for a FY '96 check. For FY '97 checks, the payee must wait until June 1, 1998.

State Accounting Forms (SAFORMS)

To accommodate the new void date, the following forms have been revised and will be effective July 1, 1996:

- Claim For Lost Check, SAFORM C-61;
- Claim For Non-Received Check, SAFORM C-62; and
- Claim For Void Check, SAFORM C-63.

The new SAFORMS can be ordered from Correctional Industries beginning June 3, 1996. Remaining quantities of the old SAFORMS may still be used until June 30, 1997. The old and new SAFORMS may be used for both FY '96 and FY '97 checks.

Detailed Instructions for Completing the SAFORMS

The transition from FY '96 to FY '97 checks has resulted in changes to the related forms and instructions for completing these forms. For detailed instructions on completing the related forms for FY '96 checks, refer to Attachments A through D in COMPTROLLER'S MEMORANDUM NO. 1994-20. For FY '97 checks, refer to the following attachments:

- ATTACHMENT A1 - CLAIM FOR LOST CHECK, STATE ACCOUNTING FORM C-61;
- ATTACHMENT B1 - CLAIM FOR NON-RECEIVED CHECK, STATE ACCOUNTING FORM C-62;
- ATTACHMENT C1 - CLAIM FOR VOID CHECK, STATE ACCOUNTING FORM C-63; and
- ATTACHMENT D1 - BANK OF AMERICA, FSB STOP PAYMENT ORDER.

Also, attached for easy reference are the following matrices which provide a summary of the proper forms to prepare for the various stop payment order situations:

- ATTACHMENT 1 for FY '96 checks; and
- ATTACHMENT 2 for FY '97 checks.

Should you or your staff have any questions, or if further information is required, please contact Kurt Muraoka, Chief, Systems Accounting Branch at 586-0610.

SAM CALLEJO
Comptroller

Attachments

ATTACHMENT A1

INSTRUCTIONS FOR COMPLETING
CLAIM FOR LOST CHECK, STATE ACCOUNTING FORM C-61

1. Purpose. The purposes of the CLAIM FOR LOST CHECK, SAFORM C-61 are to:

   a. file a claim for the issuance of a duplicate payment to replace a check that was received by the payee and subsequently lost, stolen or for some reason removed from the payee's control;

   b. file a claim for the issuance of a duplicate payment to replace a lost or stolen check that is currently void (as stated on the face of the check); and

   c. give the payee notice that a stop payment will be placed on the check for which the claim is being filed, if the check is lost or stolen, and still outstanding.

2. Prepared By. This form is prepared by the payee of the check and department or expending agency.

3. Frequency. This form is prepared whenever a payee seeks to file a claim for a check that is lost, stolen or for some reason removed from the payee's control.

4. Distribution.

   a. Original - To the Comptroller for central files.

   b. Copy #1 - To the Comptroller for action, and subsequent return to the expending agency.

   c. Copy #2 - To the payee, as record of the claim filed with the Comptroller and notice that a stop payment will be placed on the lost or stolen check, if the check is still outstanding.

   d. Copy #3 - To the department or expending agency for retention until Copy #1 is returned by the Comptroller.

5. Special Rules. A STOP PAYMENT ORDER for the drawee bank must always be prepared and submitted with this form.

6. Processing Procedures. In the processing procedures described below, procedures ascribed to the Comptroller are performed by the Pre-Audit Branch of the DAGS Accounting Division, on behalf of the Comptroller.

a. The payee of the check should complete the top portion of the claim, sign the claim, fill-in his or her title (if representing a business entity) and telephone number, and fill-in the date.

b. The department or expending agency should:

(1) fill-in the Departmental Contact Person, Telephone Number and Department Name of the claim, and complete the "CHECK IDENTIFICATION" section of the claim;

(2) prepare a STOP PAYMENT ORDER for the drawee bank (see ATTACHMENT D1 for instructions on preparing the STOP PAYMENT ORDER form;

(3) forward to the Pre-Audit Branch of the DAGS Accounting Division:

(a) the original and COPY #1 of the claim; and

(b) the original and COPY #1 of the STOP PAYMENT ORDER form, if applicable;

(4) provide COPY #2 of the claim to the payee, as record of the claim filed with the Comptroller and notice that a stop payment will be placed on the lost or stolen check, if the check is still outstanding; and

(5) retain COPY #3 of the claim and COPY #2 of the STOP PAYMENT ORDER until COPY #1 of the claim and COPY #1 of the STOP PAYMENT ORDER are received from the Comptroller.

A description of the action taken by the Comptroller on the claim, will be communicated to the department or expending agency on COPY #1 of the claim, in the section entitled "FOR COMPTROLLER USE ONLY."

c. The Comptroller will:

(1) process the claim;

(2) complete the section of the claim entitled "FOR COMPTROLLER USE ONLY" to communicate the action taken on the claim; and

(3) forward COPY #1 of the claim and COPY #1 of the STOP PAYMENT ORDER to the department or expending agency.

d. Upon receiving COPY #1 of the claim and COPY #1 of the STOP PAYMENT ORDER from the Comptroller, the department or expending agency should:

(1) notify the payee of the action taken by the Comptroller on the claim;

(2) forward the duplicate check to the payee <u>and</u> update the Report 106 of the lost or stolen check to reflect issuance of a duplicate payment, by crossing out the lost or stolen check number in red and writing in the duplicate check number, if applicable; and

(3) retain COPY #1 of the claim, COPY #1 of the STOP PAYMENT ORDER and all supporting documents for departmental files.

INSTRUCTIONS FOR COMPLETING
CLAIM FOR LOST CHECK, STATE ACCOUNTING FORM C-61

ITEM NO.	DATA AND DATA INSTRUCTIONS
1	CLAIM FOR LOST CHECK - Title of form.
2	Enter an "x" in the appropriate box.
3	Circumstances . . . - Enter a brief description of the circumstances relating to the loss, theft, etc.
4	The check . . . - Enter an "x" in either "(_____ was)" or "(_____ was not)".
5	Enter the facsimile of the endorsement made on the check.
6	FOR COMPTROLLER USE ONLY - Do not use this section. Comptroller personnel (DAGS Accounting Division) will report appropriate action taken.
7	_____ (Signature of Payee/Title, if applicable) - Signature of payee and enter the title of the payee, if applicable.
8	_____ (Signature of Payee/Title, if applicable) - Signature of payee and enter the title of the payee, if applicable.
9	_____ (Telephone No.) - Enter the telephone number of the payee.
10	_____ (Date) - Enter the month, day and year when this claim is signed.
11	_____ (Departmental Contact Person) - Enter the departmental contact person.
12	_____ (Telephone No.) - Enter the telephone number of the departmental contact person.
13	_____ (Department/Name of Expending Agency) - Enter the name of the department or expending agency.
14	CHECK IDENTIFICATION - Filled in by the expending agency, based on information obtained from the SUMMARY WARRANT VOUCHER and related payment records.
15	Payee - Enter the payee's name as shown on the SUMMARY WARRANT VOUCHER.
16	Department Voucher No. - Enter the voucher number assigned by the department.
17	Check Amount $ - Enter the amount of the check for which claim is being made.
18	Comptroller Voucher No. - Enter the voucher number assigned by the Comptroller.
19	Check Date - Enter the date of the check.
20	Payroll No. & Check Distribution Code - Enter only if it is a payroll check. Enter the payroll number and check distribution code.
21	Check Number - Enter the alpha code above "(Fund)" that identifies the check fund series from which the check was issued. Examples are: W - General Fund (2nd Series) or Welfare Check. P - Payroll Clearance Fund Check. E - Employment Security Administration Fund Check.
22	Check Number - Enter the six or seven (Unemployment Compensation Fund Check only) digit number as preprinted on the top left corner of the check.

STATE OF HAWAII

(1) CLAIM FOR LOST CHECK

TO: COMPTROLLER, State of Hawaii
(Attention: Accounting Division)

Claim is hereby made for a duplicate payment to replace the check identified below, which was received but subsequently: (2) ☐ Lost ☐ Stolen ☐ Other (3) Circumstances relating to the loss or theft, etc. are as follows:

_____

_____

_____

_____

(4) The check (___was) (___ was not) endorsed. If the check was endorsed, please provide the full endorsement, including any restrictions, in the adjacent block.

(5)

If it is determined that the check has been received and paid by the State Treasury, forward photocopy of cashed check (front and back) to expending agency, for endorsement verification.

If it is determined that the check is still outstanding, place stop payment on check, issue duplicate payment, and forward duplicate payment to expending agency. (It is understood that a duplicate payment may not be issued if the payee has properly endorsed the check without restriction.)

If it is determined that the check is void as stated on the face of the check, reissue payment, and forward reissued payment to expending agency.

(6) FOR COMPTROLLER USE ONLY

Action Taken on Above Request:

☐ 1. Photocopy of cashed check sent.

☐ 2. Stop payment date _____

☐ 3. Issued duplicate check:
Number _____ Date _____

☐ 4. (Other) _____

_____

_____

Initials _____ Date _____

(7) _____
(Signature of Payee/Title, if applicable)

(8) _____
(Signature of Payee/Title, if applicable)

(9) _____ (Telephone No.)

(10) _____ (Date)

(11) _____ (Departmental Contact Person)

(12) _____ (Telephone No.)

(13) _____
(Department / Name of Expending Agency)

(14) CHECK IDENTIFICATION

INSTRUCTION: Payee name must be **completely** and **exactly** as shown on the State of Hawaii check.
Refer to **Report 106** for exact payee name, if applicable.

Payee (15) _____

Department Voucher No. (16) _____ Check Amount $ (17) _____

Comptroller Voucher No. (18) _____ Check Date . . . (19) _____

Payroll No. & Check Distribution Code . . . . . (20) _____ (if applicable)

Check Number . . (21) _____ (Fund) (22) _____ (Number)

STATE ACCOUNTING FORM C-61
JULY 1, 1996 (REVISED)

ATTACHMENT B1

INSTRUCTIONS FOR COMPLETING
CLAIM FOR NON-RECEIVED CHECK, STATE ACCOUNTING FORM C-62

1. Purpose. The purposes of the CLAIM FOR NON-RECEIVED CHECK, SAFORM C-62 are to:

   a. file a claim for the issuance of a duplicate payment to replace a check that was not received by the payee;

   b. file a claim for the issuance of a duplicate payment to replace a non-received check that is currently **void** (as stated on the face of the check); and

   c. give the payee notice that a stop payment will be placed on the check for which the claim is being filed, if a stop payment is requested on the claim and the non-received check is still outstanding.

2. Prepared By. This form is prepared by the payee of the check and department or expending agency.

3. Frequency. This form is prepared whenever a payee seeks to file a claim for a non-received check.

4. Distribution.

   a. Original - To the Comptroller for central files.

   b. Copy #1 - To the Comptroller for action, and subsequent return to the expending agency.

   c. Copy #2 - To the payee, as record of the claim filed with the Comptroller, and notice that a stop payment will be placed on the non-received check, if a stop payment is requested on the claim and the check is still outstanding.

   d. Copy #3 - To the department or expending agency for retention until Copy #1 is returned by the Comptroller.

5. Special Rules. If a stop payment is requested on the claim for a non-received check, a STOP PAYMENT ORDER for the drawee bank must **always** be prepared and submitted with the claim.

6. Processing Procedures. In the processing procedures described below, procedures ascribed to the Comptroller are performed by the Pre-Audit Branch of the DAGS Accounting Division, on behalf of the Comptroller.

a. The payee of the check should complete the top portion of the claim, sign the claim, fill-in his or her title (if representing a business entity) and telephone number, and fill-in the date.

b. The department or expending agency should:

(1) fill-in the Departmental Contact Person, Telephone Number and Department Name of the claim, and complete the "CHECK IDENTIFICATION" section of the claim;

(2) prepare a STOP PAYMENT ORDER for the drawee bank (see ATTACHMENT D1 for instructions on preparing the STOP PAYMENT ORDER form), if applicable;

(3) forward to the Pre-Audit Branch of the DAGS Accounting Division:

(a) the original and COPY #1 of the claim; and

(b) the original and COPY #1 of the STOP PAYMENT ORDER form, if applicable;

(4) provide COPY #2 of the claim to the payee, as record of the claim filed with the Comptroller and notice that a stop payment will be placed on the non-received check, if a stop payment is requested on the claim and the check is still outstanding; and

(5) retain COPY #3 of the claim and COPY #2 of the STOP PAYMENT ORDER until COPY #1 of the claim and COPY #1 of the STOP PAYMENT ORDER are received from the Comptroller.

A description of the action taken by the Comptroller on the claim, will be communicated to the department or expending agency on COPY #1 of the claim, in the section entitled "FOR COMPTROLLER USE ONLY."

c. The Comptroller will:

(1) process the claim;

(2) complete the section of the claim entitled "FOR COMPTROLLER USE ONLY" to communicate the action taken on the claim; and

(3) forward COPY #1 of the claim and COPY #1 of the STOP PAYMENT ORDER to the department or expending agency.

d. Upon receiving COPY #1 of the claim and COPY #1 of the STOP PAYMENT ORDER from the Comptroller, the department or expending agency should:

(1) notify the payee of the action taken by the Comptroller on the claim;

(2) forward the duplicate check to the payee <u>and</u> update the Report 106 of the non-received check to reflect issuance of a duplicate payment, by crossing out the non-received check number in red and writing in the duplicate check number, if applicable; and

(3) retain COPY #1 of the claim, COPY #1 of the STOP PAYMENT ORDER and all supporting documents for departmental files.

INSTRUCTIONS FOR COMPLETING
CLAIM FOR NON-RECEIVED CHECK, STATE ACCOUNTING FORM C-62

ITEM NO.	DATA AND DATA INSTRUCTIONS
1	CLAIM FOR NON-RECEIVED CHECK - Title of form.
2	Enter an "x" in the appropriate box(s).
3	Applicable only for check not mailed to the payee by the Pre-Audit Branch of the Accounting Division, but was distributed by the vouchering department. Provide information regarding the manner in which the check was distributed and the last known point of check possession.
4	FOR COMPTROLLER USE ONLY - Do not use this section. Comptroller personnel (DAGS Accounting Division) will report appropriate action taken.
5	_____ (Signature of Payee/Title, if applicable) - Signature of payee and enter the title of the payee, if applicable.
6	_____ (Signature of Payee/Title, if applicable) - Signature of payee and enter the title of the payee, if applicable.
7	_____ (Telephone No.) - Enter the telephone number of the payee.
8	_____ (Date) - Enter the month, day and year when this claim is signed.
9	_____ (Departmental Contact Person) - Enter the departmental contact person.
10	_____ (Telephone No.) - Enter the telephone number of the departmental contact person.
11	_____ (Department/Name of Expending Agency) - Enter the name of the department or expending agency.
12	CHECK IDENTIFICATION - Filled in by the expending agency, based on information obtained from the SUMMARY WARRANT VOUCHER and related payment records.
13	Payee - Enter the payee's name as shown on the SUMMARY WARRANT VOUCHER.
14	Department Voucher No. - Enter the voucher number assigned by the department.
15	Check Amount $ - Enter the amount of the check for which claim is being made.
16	Comptroller Voucher No. - Enter the voucher number assigned by the Comptroller.
17	Check Date - Enter the date of the check.
18	Payroll No. & Check Distribution Code - Enter only if it is a payroll check. Enter the payroll number and check distribution code.
19	Check Number - Enter the alpha code above "(Fund)" that identifies the check fund series from which the check was issued. Examples are: W - General Fund (2nd Series) or Welfare Check. P - Payroll Clearance Fund Check. E - Employment Security Administration Fund Check.
20	Check Number - Enter the six or seven (Unemployment Compensation Fund Check only) digit number as preprinted on the top left corner of the check.

STATE OF HAWAII

(1) CLAIM FOR NON-RECEIVED CHECK

TO: COMPTROLLER, State of Hawaii
(Attention: Accounting Division)

(2) The check identified below, has not been received by the payee. The following action is therefore requested:

- ☐ 1. If check is still outstanding, enter date as of which the outstanding check file was checked and return a copy of this form to the expending agency.
- ☐ 2. If check is still outstanding, place stop payment on check, issue duplicate payment, and forward duplicate payment to expending agency.
- ☐ 3. If check is void as stated on the face of the check, reissue payment and forward reissued payment to expending agency.
- ☐ 4. If check has been received and paid by the State Treasury, forward photocopy of cashed check (front and back) to expending agency.

(3) If this check was not mailed to the payee by the Pre-Audit Branch of the Accounting Division, but was distributed by the vouchering department, the following information is provided regarding the manner in which the check was distributed and the last known point of check possession: _____

_____

_____

_____

(4) FOR COMPTROLLER USE ONLY

Action Taken on Above Request:

- ☐ 1. Outstanding date _____
- ☐ 2. Stop payment date _____
- ☐ 3. Issued duplicate check:
  Number _____ Date _____
- ☐ 4. Photocopy of cashed check sent.
- ☐ 5. (Other) _____

Initials _____ Date _____

(5) _____
(Signature of Payee/Title, if applicable)

(6) _____
(Signature of Payee/Title, if applicable)

(7) _____ (Telephone No.)

(8) _____ (Date)

(9) _____ (Departmental Contact Person)

(10) _____ (Telephone Number)

(11) _____
(Department / Name of Expending Agency)

(12) CHECK IDENTIFICATION

INSTRUCTION: Payee name must be **completely** and **exactly** as shown on the State of Hawaii check. Refer to **Report 106** for exact payee name, if applicable.

Payee (13) _____

Department Voucher No. (14) _____ Check Amount $ (15) _____

Comptroller Voucher No. (16) _____ Check Date . . . (17) _____

Payroll No. & Check Distribution Code . . . . . (18) _____ (if applicable)

Check Number . . (19) _____ (Fund) (20) _____ (Number)

STATE ACCOUNTING FORM C-62
JULY 1, 1996 (REVISED)

ATTACHMENT C1

INSTRUCTIONS FOR COMPLETING
CLAIM FOR VOID CHECK, STATE ACCOUNTING FORM C-63

1. Purpose. The purpose of the CLAIM FOR VOID CHECK, SAFORM C-63 is to file a claim for the issuance of a duplicate payment to replace a void check (as stated on the face of the check) that is in the payee's possession.

2. Prepared By. This form is prepared by the payee of the check and department or expending agency.

3. Frequency. This form is prepared whenever a payee seeks to file a claim for a void check that is in the payee's possession.

4. Distribution.

   a. Original - To the Comptroller for central files.

   b. Copy #1 - To the Comptroller for action, and subsequent return to the expending agency.

   c. Copy #2 - To the payee, as record of the claim filed with the Comptroller.

   d. Copy #3 - To the department or expending agency for retention until Copy #1 is returned by the Comptroller.

5. Special Rules.

   a. Checks will become void on the date stated on the face of the check and escheat on June 30 of the fiscal year following the fiscal year in which the check was issued (e.g., a check issued July 1, 1996 will be void on June 1, 1998 as stated on the face of the check and escheat on June 30, 1998).

   b. The void check should always be attached to the front of the claim.

6. Processing Procedures. In the processing procedures described below, procedures ascribed to the Comptroller are performed by the Pre-Audit Branch of the DAGS Accounting Division, on behalf of the Comptroller.

   a. The payee of the check should sign the claim, fill-in his or her title (if representing a business entity) and telephone number, and fill-in the date.

   b. The department or expending agency should:

(1) attach the void check to the front of the claim;

(2) fill-in the Departmental Contact Person, Telephone Number and Department Name of the claim, and complete the "CHECK IDENTIFICATION" section of the claim;

(3) forward to the Pre-Audit Branch of the DAGS Accounting Division:

(a) the original claim with the attached void check; and

(b) COPY #1 of the claim;

(4) provide COPY #2 of the claim to the payee, as record of the claim filed with the Comptroller; and

(5) retain COPY #3 of the claim until Copy #1 is received from the Comptroller with a description of the action taken by the Comptroller on the claim, as communicated in the section of the claim entitled "FOR COMPTROLLER USE ONLY."

c. The Comptroller will:

(1) process the claim;

(2) complete the section of the claim entitled "FOR COMPTROLLER USE ONLY" to communicate the action taken on the claim; and

(3) forward COPY #1 of the claim to the department or expending agency.

d. Upon receiving COPY #1 of the claim from the Comptroller, the department or expending agency should:

(1) notify the payee of the action taken by the Comptroller on the claim;

(2) forward the duplicate check to the payee <u>and</u> update the Report 106 of the void check to reflect issuance of a duplicate payment, by crossing out the void check number in red and writing in the duplicate check number, if applicable; and

(3) retain COPY #1 of the claim and all supporting documents for departmental files.

INSTRUCTIONS FOR COMPLETING
CLAIM FOR VOID CHECK, STATE ACCOUNTING FORM C-63

ITEM NO.	DATA AND DATA INSTRUCTIONS
1	CLAIM FOR VOID CHECK - Title of form.
2	. Attach check here. - Affix void check here.
3	FOR COMPTROLLER USE ONLY - Do not use this section. Comptroller personnel (DAGS Accounting Division) will report appropriate action taken.
4	_____ (Signature of Payee/Title, if applicable) - Signature of payee and enter the title of the payee, if applicable.
5	_____ (Signature of Payee/Title, if applicable) - Signature of payee and enter the title of the payee, if applicable.
6	_____ (Telephone No.) - Enter the telephone number of the payee.
7	_____ (Date) - Enter the month, day and year when this claim is signed.
8	_____ (Departmental Contact Person) - Enter the departmental contact person.
9	_____ (Telephone No.) - Enter the telephone number of the departmental contact person.
10	_____ (Department/Name of Expending Agency) - Enter the name of the department or expending agency.
11	CHECK IDENTIFICATION - Filled in by the expending agency, based on information obtained from the SUMMARY WARRANT VOUCHER and related payment records.
12	Payee - Enter the payee's name as shown on the SUMMARY WARRANT VOUCHER.
13	Department Voucher No. - Enter the voucher number assigned by the department.
14	Check Amount $ - Enter the amount of the check for which claim is being made.
15	Comptroller Voucher No. - Enter the voucher number assigned by the Comptroller.
16	Check Date - Enter the date of the check.
17	Payroll No. & Check Distribution Code - Enter only if it is a payroll check. Enter the payroll number and check distribution code.
18	Check Number - Enter the alpha code above "(Fund)" that identifies the check fund series from which the check was issued. Examples are: W - General Fund (2nd Series) or Welfare Check. P - Payroll Clearance Fund Check. E - Employment Security Administration Fund Check.
19	Check Number - Enter the six or seven (Unemployment Compensation Fund Check only) digit number as preprinted on the top left corner of the check.

STATE OF HAWAII

(1) CLAIM FOR VOID CHECK

TO: COMPTROLLER, State of Hawaii
(Attention: Accounting Division)

Claim is hereby made for a reissue payment to replace the attached check that is void as stated on the face of the check. Please reissue payment and forward reissued payment to expending agency.

. Attach check here . (2)

(3) FOR COMPTROLLER USE ONLY

Action Taken on Above Request:

☐ 1. Reissued check:
Number _____ Date _____

☐ 2. (Other) _____

Initials _____ Date _____

(4) _____
(Signature of Payee/Title, if applicable)

(5) _____
(Signature of Payee/Title, if applicable)

(6) _____ (Telephone No.)

(7) _____ (Date)

(8) _____ (Departmental Contact Person)

(9) _____ (Telephone No.)

(10) _____
(Department/Name of Expending Agency)

(11) CHECK IDENTIFICATION

INSTRUCTION: Payee name must be **completely** and **exactly** as shown on the State of Hawaii check. Refer to **Report 106** for exact payee name, if applicable.

Payee (12) _____

Department Voucher No. (13) _____ Check Amount $ (14) _____

Comptroller Voucher No. (15) _____ Check Date . . . (16) _____

Payroll No. & Check Distribution Code . . . . . (17) _____ (if applicable)

Check Number . . (18) _____ (Fund) (19) _____ (Number)

STATE ACCOUNTING FORM C-63
JULY 1, 1996 (REVISED)

ATTACHMENT D1

INSTRUCTIONS FOR COMPLETING
BANK OF AMERICA, FSB STOP PAYMENT ORDER

1. Purpose. The purpose of the BANK OF AMERICA, FSB STOP PAYMENT ORDER form is to notify Bank of America, the Comptroller and the Director of Finance that the placement of a stop payment order is being requested on a check.

2. Prepared By. This form is prepared by the department or expending agency.

3. Frequency. This form is prepared whenever a:

   a. CLAIM FOR LOST CHECK, SAFORM C-61 is prepared; or

   b. CLAIM FOR NON-RECEIVED CHECK, SAFORM C-62 is prepared requesting a stop payment.

4. Distribution.

   a. Original - To the Comptroller for central files.

   b. Copy #1 - To the Comptroller for action, and subsequent return to the expending agency.

   c. Copy #2 - To the department or expending agency for retention until COPY #1 is returned by the Comptroller.

5. Special Rules. This form must be typewritten.

6. Processing Procedures. In the processing procedures described below, procedures ascribed to the Comptroller are performed by the Pre-Audit Branch of the DAGS Accounting Division, on behalf of the Comptroller.

   a. The department or expending agency should:

      (1) fill-in the required information on the top portion of this form;

      (2) forward to the Pre-Audit Branch of the DAGS Accounting Division:

         (a) the original and COPY #1 of this form; and

         (b) the original and COPY #1 of the claim (CLAIM FOR LOST CHECK, SAFORM C-61 or CLAIM FOR NON-RECEIVED CHECK, SAFORM C-62);

(3) retain COPY #2 of this form with COPY #3 of the claim until Copy #1 of this form and COPY #1 of the claim is received from the Comptroller.

A description of the action taken by the Comptroller on the claim, will be communicated to the department or expending agency on COPY #1 of the claim in the section entitled "FOR COMPTROLLER USE ONLY."

b. The Comptroller will:

(1) fill-in the required information on the middle portion of this form;

(2) fax this form to the bank and Director of Finance; and

(3) forward COPY #1 of this form and COPY #1 of the claim to the department or expending agency.

c. Upon receiving COPY #1 of this form and COPY #1 of the claim from the Comptroller, the department or expending agency should:

(1) notify the payee of the action taken by the Comptroller on the claim;

(2) forward the duplicate check to the payee <u>and</u> update the Report 106 of the lost, non-received <u>or</u> void check (as appropriate according to the claim filed) to reflect issuance of a duplicate payment, by crossing out the check number in red and writing in the duplicate check number, if applicable; and

(3) retain COPY #1 of this form, COPY #1 of the claim and all supporting documents for departmental files.

INSTRUCTIONS FOR COMPLETING
STOP PAYMENT ORDER, A BANK OF AMERICA FORM

ITEM NO.	DATA AND DATA INSTRUCTIONS
1	STOP PAYMENT ORDER - Title of form.
2	CHECK NO. - Enter the check number.
3	AMOUNT - Enter the check amount.
4	CHECK DATE - Enter the check date.
5	PAYEE - Enter the payee's name.
6	REASON FOR STOP - Enter the reason for the stop payment.
7	DATE - Enter the month, day and year when this form is signed.
8	SIGNATURE OF RESPONSIBLE FISCAL OFFICER - Signature of responsible fiscal officer or the designated representative.
9	DEPARTMENTAL CONTACT PERSON (PRINT) - Enter the departmental contact person.
10	DEPARTMENT/NAME OF EXPENDING AGENCY - Enter the name of the department or expending agency.
11	TELEPHONE NO. - Enter the telephone number of the departmental contact person.
12	Do not use this section. Comptroller personnel (DAGS Accounting Division) will fill in this section.
13	Do not use this section. Bank of America personnel will fill in this section.

BANK OF AMERICA, FSB

(1) STOP PAYMENT ORDER

TITLE OF ACCOUNT:	ACCOUNT NUMBER:	FUND CODE CONVERSION TABLE
Comptroller Sub-Account	**93315-06038**	

CHECK NO. (2)	SERIAL NO.								
	FY CODE	FUND NO.		LAST SIX DIGITS OF CHECK NO.					
AMOUNT (3)			0						
CHECK DATE (4)									
PAYEE (5)									

FUND CODE	FUND NO.
P	1
W	2
G	3
S	4
B	5
T	6
E	7
U	8

REASON FOR STOP (6)	DATE (7)

SIGNATURE OF RESPONSIBLE FISCAL OFFICER (8)	DEPARTMENTAL CONTACT PERSON (PRINT) (9)

DEPARTMENT/NAME OF EXPENDING AGENCY (10)	TELEPHONE NO. (11)

(12)

STOP PAYMENT ORDER	DATE SUBMITTED	TIME SUBMITTED
ACCOUNTING DIVISION		
STOP PAYMENT ORDER CANCELLATION	DATE SUBMITTED	TIME SUBMITTED
ACCOUNTING DIVISION		

FOR BANK USE ONLY

(13)

☐ ENTER STOP PAYMENT ☐ REMOVE STOP PAYMENT

Entered By _____ Confirm # _____

Date _____ Time _____ Authorized By _____

☐ STOP PAYMENT REJECT

Reason _____ Authorized By _____

FY CODE	STOP EXPIRATION DATE
7	June 1, 1998
8	June 1, 1999
9	June 1, 2000

Rev 07/96

ATTACHMENT 1

FY '96 CHECKS BANK OF HAWAII 6 MONTH VOID

CONDITIONS			PREPARE		DUPLICATE WILL BE ISSUED
			SAFORM	BOH SPO	
NOT VOID	LOST	NOT ENDORSED	C-61	YES	YES
NOT VOID	LOST	RESTRICTIVE ENDORSEMENT	C-61	YES	YES
NOT VOID	LOST	BLANK ENDORSEMENT	C-61	YES	NO*
NOT VOID	NON-RECEIVED	NA	C-62	YES	YES
VOID	LOST	NA	C-61	NO	YES
VOID	NON-RECEIVED	NA	C-62	NO	YES
VOID	HAVE CHECK	NA	C-63	NO	YES

NOTE: *If payee wishes to have a duplicate check issued, another SAFORM C-61 will have to be submitted to Pre-Audit after the void date.