

# STATE OF HAWAII 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:  Lost  Stolen  Other Circumstances relating to the loss of theft, etc. are as follows:

The check  was  was not endorsed. If the check was endorsed, please provide the full endorsement, including any restrictions, in the adjacent block.

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.

**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 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Payee/Title, if applicable)

\_\_\_\_\_  
(Signature of Payee/Title, if applicable)

\_\_\_\_\_  
(Telephone No.)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Departmental Contact Person)

\_\_\_\_\_  
(Telephone No.)

\_\_\_\_\_  
(Department / Name of Expending Agency)

**CHECK IDENTIFICATION**

Department Voucher No. \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

Comptroller Voucher No. \_\_\_\_\_ Check Date. . . \_\_\_\_\_

Payroll No. & Check  
Distribution Code. . . . . \_\_\_\_\_ Check Number. . . \_\_\_\_\_  
(If applicable) (Fund) (Number)