

**STATE OF HAWAII
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.

FOR COMPTROLLER USE ONLY	
<u>Action Taken on Above Request:</u>	
<input type="checkbox"/>	1. Reissued check: Number _____ Date _____
<input type="checkbox"/>	2. (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)

<u>CHECK IDENTIFICATION</u>			
Department Voucher No. _____	Check Amount	\$	_____
Comptroller Voucher No. _____	Check Date	_____	
Payroll No. & Check Distribution Code (if applicable)	Check Number . .	_____ (Fund)	_____ (Number)