

UNIVERSITY OF HAWAII
FORM INSTRUCTIONS
STOP PAYMENT/CANCELLATION REQUEST (FMIS-625DC) Page 1

PURPOSE: To process stop payment and cancellation check requests for Departmental Checking Account transactions.

DATA ITEM **COMPLETION INSTRUCTIONS**

All fields must be completed unless noted as otherwise.

CAMPUS	Enter campus code. Refer to A12.099.
Page 1 of ____	Enter total number of pages for this document.
DATE	Enter date form prepared.
SCREEN	Screen 480-DCS input screen, no additional information needed for this field.
DOCUMENT NUMBER	Enter remaining 6-digit document number. First 3 digits represent the Fiscal Officer code. Last 3 digits are sequential control number assignment.
ENTRY NO.	Pre-printed.
VENDOR NAME	Enter vendor name.
VENDOR CODE	Enter vendor code.
ACCOUNT CODE	Enter 6-digit account code.
SUB CODE	Enter 4-digit sub code.
BANK NO.	Enter DCS bank code.
CHECK NO.	Enter check number.
CHECK AMOUNT	Enter check amount. Do not use brackets for this amount.
REASON FOR STOP PAYMENT/CANCELLATION	Enter reason for stop payment or cancellation of check.
TOTALS (All pages):	Enter total for all pages.
PREPARED BY	Print name and sign, include department, phone number, and date.
APPROVED BY	Print name and sign, include department, phone number, and date.
STOP PAYMENT REQUIRED?	Check appropriate box. If stop payment required, enter date stop payment placed.
BATCH ID/DATE	Enter batch ID and batch date.