HARVARD
UNIVERSITY

Send Requests To: Accounts Payable Department, 2nd Floor, 1033 Mass. Ave.617-495-8500 (AP Option 1)

PO, Payment Request # or Web Reimbursement # [_____] **Date of Inquiry** [_____]

Requested By [_____] **Telephone Number** [_____]

Department Name [_____] **Department Address** [_____]

Source System Select One ☐ AP ☐ DCE ☐ SRO ☐ Payroll ☐ Other Source [_____]

Check Number* [_____] **If Check Has Been PAID: Cleared Date** [_____]

Check Date* [_____] ☐ Send a copy to the Requesting Department

Check Amount* [_____] **If Check is OUTSTANDING:**

Payee* [_____] ☐ STOP PAYMENT AND Reverse Expense Code [_____]

Invoice Number(s) [_____] ☐ STOP PAYMENT, Reissue and mail check to address below:

[_____] [_____]

[_____]

ACCOUNTS PAYABLE USE ONLY

Reversal Date [_____] **OR** **Void Date** [_____]

Invoice Cancel Date [_____] **Stopped Date** [_____]

CHECK INQUIRY REQUEST FORM DETAILS

DATE OF INQUIRY: The date that the Check Inquiry Request form is sent to the Accounts Payable Department.

REQUESTED BY: Print the name of the individual requesting the check inquiry. This person should be able to respond to telephone inquiries concerning this request.

TELEPHONE NUMBER: Phone number of the person preparing the inquiry request.

DEPARTMENT NAME: Print the name of the school and/or the department submitting the request.

DEPARTMENT ADDRESS: Print the address of the department submitting the request.

SOURCE SYSTEM: Circle the source the check payment was generated from. This information is found on the departmental detail listing.

CHECK DATE: The date the transaction was processed for the general ledger. This information is found on the departmental detail listing.

CHECK AMOUNT: The line amount of the item appearing on the departmental detail listing. (This amount is not necessarily the net amount of the check. If the payment request was split between several codings, or taxes were deducted, or the check included invoice payments for other Harvard departments, then the check total could be different from the line item total that is indicated on the detail listings.)

PAYEE: The individual or organization paid.

INVOICE NUMBER: The invoice number appearing in the departmental detail listing.

CHECK PAID: Check off the desired action if the bank informs us that the check has been cashed by the payee.

CHECK OUTSTANDING: Check off the desired action if the bank informs us that the check is still uncashed. The normal time to reissue a check is seven to ten business days after this form is received by the Accounts Payable Department. If your department requires the check to be reissued immediately, then a written request must accompany the Check Inquiry Request Form.

This request must state that your department wants the outstanding check reissued immediately and that the department will take full responsibility if both checks are cashed. The department coding and the signature of a person authorized to make charges against this account must be indicated.

PLEASE NOTE: If invoice payments for other University departments are included in the check payment, then your department is also assuming responsibility for those payments.