



STATE OF NEW YORK
UNIFIED COURT SYSTEM
OFFICE OF MANAGEMENT SUPPORT
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TO: All Holders of the Financial Planning and Control Manual

NEW ACCOUNTING PROCEDURES

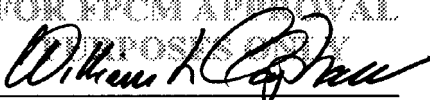
BULLETIN NUMBER: 260	June 5, 1998
SUBJECT: Check Exchanges - Revised Form and Procedures	

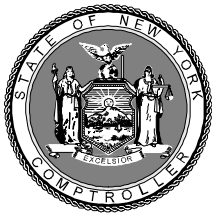
Attached is a copy of OSC Accounting Bulletin number A-437, dated May 1, 1998. This bulletin promulgates a new Report of Check Exchange form, to be used to request replacements for checks issued in error. This new form replaces the form currently contained in Volume XI, Section 7.0100 of the OSC User Procedure Manual.

Please also note that OSC will no longer return exchange checks to the originating agency. All future exchange checks will be mailed directly to the payee.

Please ensure the distribution of this bulletin to all personnel within your respective jurisdictions who may be responsible for the processing of, or the monitoring of internal controls relating to, payments chargeable to State funds.

NYS UNIFIED COURT SYSTEM
FOR FPCM APPROVAL


William L. Clapham



Office of the State Comptroller

ACCOUNTING BULLETIN

Subject	Bulletin No.	Date
Check Exchanges - Revised Form and Mailing Requirements	A-437	05/01/98
Revised Form	Please begin using the attached, revised Report of Check Exchange form, AC1476 (Rev. 9/97). Replace Exhibit H in Volume XI, Section 7.0100 (page 14) of the Accounting User Procedure Manuals with a copy of the enclosed form, and make additional copies for your use or order forms from OSC. Since this form is substantially revised, please destroy any unused inventory.	
Revised Mailing of Checks	<p>Occasionally checks are returned to the State because the amount of the check is excessive. In these cases, two exchange checks are produced - one payable to the payee for the amount due and the second to the Commissioner of Taxation and Finance for the amount of the overpayment. The latter check is then deposited into the NYS General Checking Account and a Refund of Appropriation Expenditure (AC1286) is processed.</p> <p>In order to strengthen the internal controls over the handling of reissued checks and to reduce the special handling of checks that are produced through the exchange process, all future checks drawn on the Exchange Account will be mailed directly to the payee. Where applicable, these checks will be delivered to the Division of the Treasury with the Refund of Appropriation Expenditure (AC1286) document that the agency completes and submits with the Report of Check Exchange (AC1476). OSC will no longer return exchanged checks to the originating agency for mailing either to the payee or the Division of the Treasury.</p> <p>Please direct questions on this bulletin to either Patricia Slay at (518) 474-6032 or Sharon Viscusi at (518) 474-4017.</p>	

NEW YORK STATE
OFFICE OF THE STATE COMPTROLLER
REPORT OF CHECK EXCHANGE

Date_____

Agency_____ Dept./Div. Code_____

I request a check exchange for:

OTHER THAN PERSONAL SERVICES	
9 Death of Payee**	9 Incorrect Payee Name
9 Incorrect Amount	9 Stale Dated Check 9 Other*

Payee's Name

From Check_____ Check No._____

Check Date	Agency Batch No.	Voucher No. From Check Stub
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Amount of check returned by agency \$~~~~~

Draw the following checks to: (SEE NOTE BELOW)

- (1) Commissioner of Taxation and Finance \$_____
- (2) Payee_____ \$_____
- Address_____
- City_____
- State_____ Zip Code_____
- (3) _____ \$_____
- \$~~~~~

*Reason for Exchange:

**See instruction No. 4 on reverse side.

Note: Exchange checks will be mailed to the payee using the address provided above. If payment information materials need to be sent to the payee, then State agencies must submit such materials together with this form and we will mail these directly to the payee together with the exchange check **OR** agencies may mail these materials directly to the payee with a notice that the check will be mailed under separate cover.

For internal control reasons, exchange checks will not be returned to State agencies.

FOR AGENCY USE ONLY	FOR OSC USE ONLY
Approved by: Print or Type Name:_____	Approved by: Print or Type Name:_____
Signature_____	Signature_____
Date_____ Tel. No._____	Date_____

- SEE INSTRUCTIONS ON REVERSE SIDE -

INSTRUCTIONS FOR COMPLETING THE REPORT OF CHECK EXCHANGE

1. A separate form must be filed for each check exchange requested.
2. At the top right hand corner, immediately beneath the form title, enter the date.
3. Enter agency's name and on the same line the department division code.
4. Indicate in the block provided the reason for the exchange. If you check the block "Other", then write the reason in the space provided. If death of the payee is the reason for the exchange then either an affidavit (form AC 934) or a Letter for Administration must accompany the AC 1476.
5. Enter the original payee's name and check number.
6. In the block provided enter the check date, agency/batch number and voucher number.
7. Enter the amount of original check.
8. Use Line (1) when a check is drawn to the Commissioner of Taxation and Finance for the difference between the exchange check and the original check. On Line (2), complete the payee's name and address and the amount of the exchange check issued to the payee. If necessary, Line (3) may be used for additional payees.
9. The space at the bottom left hand corner is provided for the signature of the person submitting the AC 1476, and the date it is submitted.