

**AGENDA REPORT**

**DATE November 6, 2002**

**ITEM** Cancellation of Outstanding and Unpaid Checks  
**INITIATED BY** Fiscal Services Department  
**ACTION REQUESTED** Approve Cancellation of Outstanding, Unpaid Checks  
**PREPARED BY** Judy Hardinger, Accounting Technician  
**PRESENTED BY** Coleen Balzarini, City Controller/Fiscal Services Director

**RECOMMENDATION:**

Staff recommends the City Commission approve cancellation of checks that remain outstanding and unpaid for the period of one (1) year or longer.

**MOTION:**

I move the City Commission approve cancellation of City of Great Falls checks that remain outstanding and unpaid for a period of one (1) year or longer and transmit the amount of the checks to the State of Montana Unclaimed Property Section.

**SYNOPSIS:**

Section 7-6-4303, M.C.A., states the City Commission may cancel municipal checks that have remained outstanding and unpaid for a period of one (1) year or longer. Sections 70-9-801 through 70-9-829, MCA require that the amount of the checks that remain outstanding and unpaid for a period of one (1) year or longer be forwarded to the State of Montana Unclaimed Property Section. Attached is the required list of the instruments to be canceled including the check number, date, amount, and payee. A minimum of two (2) letters and affidavit forms for replacement checks have been mailed to the address on record and no response has been received to date. The list must be entered into the minutes of the City Commission proceedings.

Attachments: List of checks to be canceled

Sample letter and affidavit form used in attempts to contact vendors/employee.

## STALE-DATED CHECK LISTING

November 1, 2002

<u>TIN</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>NAUPA CODE</u>	<u>PURPOSE</u>	<u>DATE OF CHECK</u>	<u>CHECK #</u>	<u>AMT OF CHECK</u>
1	BERRY, FRED	3000 LOWER RIVER RD #14 GF, MT	MS05	REFUND PARKING TICKET	10/11/2000	111815	3.00
710-41-5188	WALMART STORE #01-2455	701 SMELTER AVE GF 59404	MS04	BLANKET PO PAYMENT	12/13/2000	113603	5.12
399-98-9211	GARCZYNSKI B J	3121 2ND AVE S GF 59405	MS04	ICE HOCKEY INSTRUCTOR	12/27/2000	113942	24.00
810-45-5610	WESTERN SIGN CORP	2424 OLD HAVRE HWY BLACK EAGLE 59414	MS04	ADDRESS NUMBER DECALS	4/4/2001	116499	42.00
1679	HOOKER, BONNIE	58 FIELDS RD GF 59405	MS05	REFUND UTILITY OVERBILLING	5/2/2001	117213	16.22
1	FUSATE BRYAN	700 2 AVE S #30 GF 59405	MS11	REFUND KEY CARD DEP	6/20/2001	118512	5.00
529-11-1137	Roscinski, Melanie M	502 10th Ave SW Great Falls MT 59404	MS01	Net Wages	7/5/2000	156425	3.44
516-15-0573	Neill, Nicole M	2319 2nd Ave SW Great Falls MT 59404	MS01	Net Wages	9/5/2000	158318	2.31
453-93-2957	Miller, Max T	2010 River Dr N #7 Great Falls MT 59401	MS01	Net Wages	11/20/2000	159950	50.79
517-82-9645	Giles, Patricia L	1305 Eisenhower Ave Great Falls MT 59404	MS01	Net Wages	3/20/2001	162556	140.00
	<b>TOTAL O/S CHECKS :</b>						<b>\$291.88</b>

May 15, 2001

«Employee»  
«Address1»  
«Address2»  
«City», «State» «PostalCode»

To Whom it May Concern:

Our records indicate that check number (number) issued to you on (date) in the amount of (dollars) by the City of Great Falls has not be cashed and is now stale-dated. To claim this money, please complete the enclosed "Stale-Dated Check Replacement Affidavit" as indicated and mail it to:

City of Great Falls  
Human Resources Department  
PO Box 5021  
Great Falls MT 59403

Upon receipt of the properly signed affidavit, a new check will be issued to you. Please feel free to call if we can be of any assistance. Our number is 406-771-1180 ext. 347.

Lora McWilliams  
Human Resources Technician

Enclosure

May 15, 2001

«Company»  
«Address1»  
«Address2»  
«City», «State» «PostalCode»

## **SECOND NOTICE**

This is our second attempt to reissue a now stale-dated check, number «checknumber», in the amount of \$«DOLLARAMOUNT», which was originally issued to you on «checkdate». To claim this money, please complete the enclosed "Stale-Dated Check Replacement Affidavit" notarize and mail it to:

City of Great Falls  
Fiscal Services Department  
PO Box 5021  
Great Falls MT 59403

Upon receipt of the properly signed affidavit, a new check will be issued to you. Please feel free to call if we can be of any assistance to you. Our number is 406-771-1180, Extension 388.

Your prompt attention to this matter, will be greatly appreciated.

Korri Shupe  
Accounts Payable Clerk II

Enclosure

RETURN FORM TO: CITY OF GREAT FALLS FISCAL SERVICES DEPARTMENT P.O. BOX 5021 GREAT FALLS, MT 59403		<b>DO NOT WRITE IN SHADED AREAS</b>		DATE PROCESSED:  AFFIDAVIT NUMBER:	
<b>STALE-DATED CHECK REPLACEMENT AFFIDAVIT</b>		Pursuant to 17-8-303, the City Controller may, upon proper showing by affidavit, issue a new check in lieu of a stale-date check to the payee or legalowner of the stale-dated check.  This Affidavit, properly completed, must be prepared and submitted to the City of Great Falls Fiscal Control Department before a replacement check can be issued.			
PAYEE	«Company»  <small>(NAME)</small>	«Address1»/«Address2», «City», «State» «PostalCode»  <small>(MAILING ADDRESS)</small>			
LEGAL OWNER <small>(if other than payee)</small>	<small>(NAME)</small>	<small>(MAILING ADDRESS)</small>			
DESCRIPTION OF STALE-DATED CHECK FOR WHICH A REPLACEMENT CHECK IS REQUESTED:		<small>(CHECK NUMBER)</small> «CHECKNUMBER»	<small>(DATE)</small> «CHECKDATE»	<small>(AMOUNT)</small> «checkamount»	
<b>DISPOSITION OF STALE-DATED CHECK</b>  <small>(CHECK ONE)</small>		<input type="checkbox"/> CHECK ATTACHED <input type="checkbox"/> CHECK ON FILE, CITY OF GREAT FALLS FISCAL CONTROL DEPARTMENT <input type="checkbox"/> DISPOSITION OF CHECK UNKNOWN			
<input type="checkbox"/> I hereby request the City Controller to issue a replacement check for the stale-dated check identified above.					
<input type="checkbox"/> I hereby certify that I have not received the proceeds from the subject stale-dated check and agree to immediately surrender same directly to the City Controller if the subject check subsequently comes into my possession.					
AFFIANT'S SIGNATURE	<small>(SIGNATURE)</small>				<small>(DATE)</small>
SOCIAL SECURITY NUMBER OR FEDERAL TAX IDENTIFICATION NUMBER					

NOTARIZATION: If the subject stale-dated check cannot be presented to the City Controller at the time this affidavit is filed, the affiant's signature appearing hereon must be affixed before, and certified Notary Public.

NOTARY'S SEAL		Subscribed and sworn to before me, a Notary Public for the State of Montana:
	Date	
	Notary's Signature	
	Residence	
	Commission Expiration Date	

**FOR CITY CONTROLLER'S USE ONLY**

THE ABOVE MENTIONED STALE-DATED CHECK WAS CANCELED ON:			<small>(DATE)</small>
CLAIM NUMBER	DIVISION NUMBER	DIVISION NAME	ACCOUNT NUMBER
AUTHORIZED SIGNATURE	<small>(SIGNATURE)</small>		<small>(DATE)</small>