

Date: _____ HCOM REQ #: _____

NON-STANDARD CHECK PROCESSING SERVICES FORM

Harvard will issue checks outside the standard check service for non-routine situations only. Prior to requesting a non-standard check service from AP local units should consider payment alternatives such as the PCard or planning ahead to ensure the check reaches the vendor via the mail using the standard check service. **Please review Check Processing Policy Criteria (http://vpf-web.harvard.edu/documents/pdf/actts_checkprocess_9_1.pdf). If you meet the criteria for a non-standard check processing service, please complete the corresponding section on this form.**

Please check appropriate service**Section A ☐ EMERGENCY SAME DAY CHECK SERVICE: (Also complete Section E)**

This service accommodates only SRO student emergencies, MELO mortgage checks, gold purchases, and certain OGC requests that require emergency processing of a check for the local unit the same day of the request.

- Should an extraordinary situation arise not noted above, the local unit should contact their Financial Dean (or equivalent) to discuss an appropriate course of action with the Director of Procurement.

These situations require:

Financial Dean (or equivalent) print name: _____

Financial Dean (or equivalent) signature: _____ **Date:** _____

Director of Procurement signature: _____ **Date:** _____

Approved requests submitted to AP before 12PM will be available for claiming by the local unit after 4PM the same day at the AP Customer Service Desk.

Section B ☐ CHANGING INVOICE PAYMENT TERMS (One Time Changes) – Must be approved by a Financial Dean

This service accommodates situations where an acceleration of payment terms in the vendor file is requested for this specific invoice. For these requests local units must have the approval of their Financial Dean (or equivalent.) Requests submitted to and approved by AP will be mailed by AP to the vendor the day after the request is received.

Financial Dean (or equivalent) print name: _____

Financial Dean (or equivalent) signature: _____ **Date:** _____

Section C ☐ SPECIAL HANDLING (CLAIM) CHECK SERVICE (Also complete section E)

This service accommodates situations that require the local unit to distribute the check to the vendor/payee. These payments must be based on the established criteria of this policy as stated in *Check Processing Policy*. Requests are submitted to and approved by AP and made available for local units to claim at the AP Customer Service Desk. It is not possible for AP to call local units when the checks are available. Please allow three business days from the date of receipt to process your request. Checks that are not claimed within a week of the check date will be mailed directly to the vendor.

Section D ☐ Special Mailing

This service accommodates situations where the local units want expedited/special mail delivery. Local units provide preaddressed envelopes/express delivery forms. If the vendor terms are not immediate, section B must be completed.

Envelope Attached: ☐ **Express Delivery Form Attached:** ☐

Section E (must be completed for EMERGENCY SAME DAY CHECK SERVICE and/or SPECIAL HANDLING [CLAIM] CHECK SERVICE.)

Person requesting check: _____

Telephone: _____

Email address: _____

Tub: _____ Department: _____

Section F (must be completed for EMERGENCY SAME DAY CHECK SERVICE and/or SPECIAL HANDLING [CLAIM] CHECK SERVICE.) Select a Claim Site:

☐ Holyoke Center

☐ 1033 Massachusetts Ave