-----Original Message-----
From: Bonita King-House [mailto:request+3dggkc5zc5@foi.uipa.org]
Sent: Thursday, July 30, 2026 7:03 AM
To: BFSMail <bfsmail@honolulu.gov>
Subject: Records Request for Department of Budget & Fiscal Services: Outstanding/Uncashed Vendor Checks – City and County of Honolulu Department of Budget and Fiscal Services [#1780]

CAUTION: Email received from an EXTERNAL sender. Please confirm the content is safe prior to opening attachments or links.

Aloha,

Pursuant to the public records law, I would like to request the following records in electronic format sent to my email address.

Pursuant to Hawaii's Uniform Information Practices Act (UIPA), Haw. Rev. Stat. § 92F-1 et seq., I respectfully submit the following public records request to the City and County of Honolulu Department of Budget and Fiscal Services, and ask that it be forwarded to the appropriate division or staff member who maintains the requested records.

Background & Purpose:
I am a contracted accounting and audit professional with SpendMend, LLC, providing auditing services to hospitals, health systems, and medical facilities. As part of my due diligence obligations, I work to ensure my clients receive all outstanding or lost funds rightfully owed to their organizations.

Records Requested:
For the period of January 1, 2025 through June 30, 2026, I respectfully request:

A complete listing of all outstanding, uncashed, stale-dated, voided, cancelled, or returned checks or warrants issued by the City and County of Honolulu to any vendor, business, corporation, or company — including hospitals, health systems, and medical facilities — in amounts exceeding $999.99, that have NOT escheated to the State of Hawaii Unclaimed Property Division and remain on record with the Department of Budget and Fiscal Services.

This request is for non-person, business entity records only. I am not requesting any records related to individual payees or personal financial information.

Requested Data Fields (if available):
- Name of Vendor/Payee (business entity only)
- Check/Warrant Number
- Date of Issuance
- Payment Amount
- Current Status (Outstanding, Stale-Dated, Voided, Returned, etc.)

Records are requested in Excel (.xlsx) or CSV format, if maintained electronically.

If any portion of this request is denied, please provide a written explanation citing the specific statutory exemption under Haw. Rev. Stat. § 92F-13 that justifies withholding each record.

Thank you for your time and assistance.

IF SEEKING PUBLIC INTEREST WAIVER, PROVIDE PUBLIC INTEREST STATEMENT BELOW THIS LINE

Fee Waiver Request: I respectfully request a waiver of all applicable fees on the grounds that this information is in the public interest and is being sought on behalf of the payees themselves. If fees are expected to exceed $25.00, please contact me prior to proceeding.

Mahalo,

Bonita King-House