

Request for Reissuance of Check (Void and Reissue – No Changes)

Reason for Request _____

Payee _____

Check Number _____ Amount _____

Date Issued _____ FY _____

Special Handling of Reissued Check

Request Authorized by _____ Date _____

| | |
|------------------------------------|------------|
| Check is outstanding as of _____ | Per _____ |
| Stop Payment Order Issued by _____ | Per _____ |
| Reissuance Authorized by _____ | Date _____ |
| Voided in by _____ | Date _____ |

| Date | Amount | Check Number |
|-------|--------|--------------|
| _____ | _____ | _____ |

Check signing area – Insert date and check number of reissued check; forward original to the Cashier’s Office – 1210.

Note: Common Reasons to use this form:

Lost Check
Stale Dated Check
Mutilated Check

Comptroller’s Office will void check and a replacement will be issued to the same payee and mailed to the same address unless other notification is made.

SS = _____ Control Number _____