

INSTRUCTIONS FOR COMPLETING STATEMENT OF CLAIMANT REQUESTING REPLACEMENT CHECK

1. PAYEE	Payee name, business name or financial organization.
2. PAYEE'S SSN/EIN	Payee's SSN (for individual) or EIN (for business).
3. TELEPHONE NUMBER	Payee Telephone Number.
4. E-MAIL ADDRESS	Payee e-mail address.
5. ACCOUNT TO BE CREDITED IF ITEM 1 IS A FINANCIAL ORGANIZATION	Enter account number to have been credited.
6. ADDRESS TO WHICH CHECK WAS MAILED	Address on file.
7. CORRECT MAILING ADDRESS	New Address.
8. PURPOSE FOR WHICH CHECK WAS ISSUED	<ul style="list-style-type: none"> a. REGULAR PAY b. TRAVEL PAY c. VENDOR PAY d. OTHER (specify what type of pay)
9. DUE DATE	Date check was due to arrive.
10. CHECK WAS:	X as applicable: <ul style="list-style-type: none"> a. NOT RECEIVED b. RECEIVED BUT: <ul style="list-style-type: none"> (1) LOST (2) STOLEN (3) DESTROYED (4) MUTILATED (5) CANCELED (LIMITED PAYABILITY)
11. WAS CHECK ENDORSED?	Answer Yes or No.
12. SIGNATURE OF PAYEE	Signature of the Payee or payee representative.
13. DATE	Self Explanatory
14. SIGNATURE OF CO-PAYEE	Signature of Co-Payee (if applicable).
15. DATE	Self Explanatory.
16. CHECK DATA 16a. CHECK NUMBER 16b. DATE OF CHECK 16c. CHECK AMOUNT 16d. ISSUING DSSN 16e. VOUCHER NUMBER	For Disbursing Office Use.
17. DO REMARKS	