



Immediate Replacement of Lost Payroll Check Form

Payee Name and Address

Name

Current St. Address

City

State

Zip Code

Mail or FAX completed form to:

DAS/Finance
Attention Accounting Operations
1140 State Office Building
Salt Lake City, Utah 84114
FAX: (801) 538-3562

Information Provided by the Payee

I, the Payee, confirm that I am unable to locate the payroll check referenced below and request that the State of Utah, Division of Finance, issue a replacement check.

Information Provided by the State Department			
Prepared By	Department	Division	Phone
Payee Employee Number	Check Number	Check Amount	Check Date
Please Indicate How Replacement Check Will Be Delivered (Mark One)			
Picked Up	Mailed	Mail in attached envelope	Put check with payroll

I, the Department Representative, request that a replacement check be issued immediately; and understand that as a convenience to the department and the employee, it will be issued before the *bank stop payment* is in place. If both the original payroll check and the replacement check are cashed, the department is responsible and the loss will be offset against the employee's next paycheck or charged to the department. **(If the Department prefers the *bank stop payment* be in place before the replacement check is issued, complete *Lost Check Replacement* form, FI 12).**

Signature of Department Representative

Date

For Division of Finance Use Only

Duplicate Check Number	Date Mailed/Released