

MICHIGAN STATE UNIVERSITY

CO-ACC2

For Office Use:

ACCOUNTING LOST CHECK FORM

Use for reissuing Cashier, Fellowship and Voucher checks

Date _____

Outstanding _____

Return _____

Stop _____

Our records show that Michigan State University issued the following Cashier, Fellowship, DV or Voucher check: **(DO NOT USE for: 1) Purchase order Invoice/PSC Checks - contact Accounts Payable 517-353-2011; 2) Student Account Checks - contact Student Accts, 800-775-4323; Payroll Checks - contact Payroll, 517-355-5010.)**

Delete _____

Reissue _____

Check Number: _____ (Cashier/Fellowship/DV/Voucher Checks **ONLY**)

Check Date: _____

Envelope _____

Note _____

Check Amount: \$ _____

Payable to: _____

If this check was: **Never Received** **Lost** **Stolen** **Destroyed**
 please complete the section below and return this notice to our office immediately. Upon receipt of the completed form, we will issue a replacement check at such time as our bank provides all necessary information to the University.

"I authorize Michigan State University to stop payment on the above check and to issue a replacement check. I agree that if the original is recovered it is to be returned promptly to your office. I further agree that if both the original and replacement checks are cashed under circumstances resulting in overpayment to myself, I will promptly reimburse the University for the amount of overpayment; or [MSU Employee] hereby authorize the University to deduct the amount of such overpayment from my next payroll check(s); or [MSU Student] waive my right to additional notification prior to placement of a financial hold."



OFFICE OF THE CONTROLLER

Payee / Vendor Signature _____ Date _____

Accounting

Mailing Address (please print clearly)

Mail Replacement check

Hold check for pick up **

**Vendor will be notified by Email when check is ready for pickup.

Email _____

Phone _____

Please note: If you cash a check that you have requested us to stop, your bank may charge you for the returned check. Please call 517-355-5000 to verify if a stop payment was placed.

For office use only

1. Stop payment placed by: _____ Date _____

2. Replacement authorized by: _____ Date _____

3. Confirmation Attached: YES / NO

4. Check Reissued: _____ Date _____

Hannah Administration Bldg
 426 Auditorium Rd Rm 360
 East Lansing, MI
 48824

Accounting

517-355-5000

FAX: 517-353-1706

Voucher Processing

517-353-4882

FAX: 517-353-1706

<http://ctrl.msu.edu>