

REQUEST FOR COPY OF CANCELLED CHECK

TO: Treasurer of Virginia
 Attention: Check Copy

FROM: _____

Date: _____

Please provide a copy of the following cancelled check(s) and mail to the address listed below.

BANK#: _____

Copies Mailed: _____

CHECK NUMBER	DATE	CHECK AMOUNT	PAYEE	TREASURY USE ONLY

COMMENTS/SPECIAL INSTRUCTIONS:

NAME: _____

PHONE: _____

E-MAIL: _____

Mail copy/copies to the address listed below:

(type or print, include zip code with address)

**STOP PAYMENT AUTHORIZATION
TREASURY OF VIRGINIA
ISSUED CHECK SERVICES**

****FORM MUST BE TYPED****

CONTACT TREASURY TO VERIFY STATUS OF CHECK BEFORE PLACING STOP

ANGIE.JAHN@TRS.STATE.VA.US OR PHONE # 804-225-2388
MARY.CLARK@TRS.STATE.VA.US OR PHONE # 804-371-6166
FORMS MAY BE FAXED TO: 804-225-2076

From: _____ Date: _____
Address: _____ Agency #: _____
Phone # _____
Email address: _____

TYPE: (Check one) _____ Issue Replacement Check

_____ **DO NOT** Issue Replacement Check (Complete Step 1 through 3 below)

1. Transaction/Batch ID: (ex: 99701012000301)

(Batch the original payment was recorded in)
2. Attach a copy of the ACTR 0401 or coding if special entry is required
3. **DO NOT SEND INVOICE**

BANK CODE: (Check one) Payroll 4078 _____ General Warrants 6302 _____

**ATTACH COPY OF CARS REPORT FOR ALL GENERAL WARRANTS
ATTACH COPY OF INVOICE FOR ALL VENDOR PAYMENTS**

(PLEASE PROVIDE ADDRESS FOR MAILING OF REPLACEMENT CHECK)

CHECK NO.: _____ DATE: _____ AMOUNT: _____

PAYEE: _____

ADDRESS: _____

CITY: _____

(ALL PAYROLL REPLACEMENT CHECKS ARE RETURNED TO THE AGENCY)

REASON FOR REQUEST:

NEVER RECEIVED _____ LOST _____

DESTROYED _____ STOLEN _____ ISSUED IN ERROR _____

AGENCY FISCAL OFFICER'S APPROVAL _____

PHONE #: _____

COMMENTS/SPECIAL INSTRUCTIONS: _____