

**Jefferson County Board of Education  
FINANCE DEPARTMENT**

Request for Duplicate Check

**NOTE: THIS FORM WILL NOT BE PROCESSED UNTIL 5 BUSINESS DAYS AFTER ORIGINAL CHECK DATE. DO NOT CASH ORIGINAL CHECK AFTER SUBMITTING REQUEST FOR DUPLICATE. RETURN THE ORIGINAL TO THE FINANCE DEPARTMENT.**

Return this form to the proper department, (Payroll - fax # 379-2307, Accounts Payable - fax # 379-2254), who will then notify the bank to stop payment on this check. After 24 hours the bank will issue a confirmation of the stop payment, and a duplicate check will be issued to you.

NAME OF PAYEE \_\_\_\_\_

VENDOR #, FED ID # OR S.S. # \_\_\_\_\_

ADDRESS OF PAYEE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DO YOU WISH TO: \_\_\_\_\_ PICKUP THE REPLACEMENT CHECK

\_\_\_\_\_ MAIL REPLACEMENT CHECK TO ADDRESS ABOVE.

I certify that the above check issued by the Jefferson County Board of Education was mutilated, destroyed, or lost. I hereby request that a stop payment be initiated and a duplicate check be issued. I understand and acknowledge that fraudulently obtaining a duplicate check is unlawful.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

Office use only:

LOST CHECK NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

DATE OF CHECK \_\_\_\_\_

Please attach proper documentation

Replacement Check # \_\_\_\_\_

Bank Account # \_\_\_\_\_