

**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 # _____