



Replacement Check Request Form

GENERAL INSTRUCTIONS:

- **DO** Use this form to replace a check that has been mailed but never received.
 - **DO** Use this form to request a stop payment on a check that has been lost, stolen or destroyed.
 - **DO** Use this form if you have a check that has not been cashed for more than 180 days after issuance and expired (stale dated).
 - **DO NOT** deposit or cash the original check.
 - **PLEASE** Allow 10-15 business days processing time for your completed form.
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PAYEE INFORMATION:

<u>Payee Name:</u>		<u>Vendor ID/Student/Employee GID#</u>	
<u>Check Number:</u>	<u>Check Amount:</u>	<u>Check Date:</u>	
<u>Current Mailing Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<u>Telephone Number:</u>	<u>Email:</u>		

Reason for request (choose one):

- Check Never Received
 Lost
 Stolen
 Expired (Stale dated)
 Destroyed
 Other (Please Explain: _____)

Note: A "STOP PAYMENT" will be issued on the original check upon receipt of this form. If you receive/find the original check after submitting this form, please destroy the check.

DECLARATION:

I hereby declare under penalties of perjury, that I have examined this request, and to the best of my knowledge and belief, it is true, correct and complete. I understand that if I cash the original check San Mateo County Community College District must be paid back in full. A violation of this statement may affect my employment and/or academic standing with SMCCCD.

<u>Signature of Payee</u>	<u>Date</u>
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