

**Request for Reissuance of Check  
(Void and Reissue – No Changes)**

Reason for Request \_\_\_\_\_

Payee \_\_\_\_\_

Check Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Issued \_\_\_\_\_ FY \_\_\_\_\_

Special Handling of Reissued Check

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request Authorized by \_\_\_\_\_ Date \_\_\_\_\_

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Check is outstanding as of \_\_\_\_\_ Per \_\_\_\_\_

Stop Payment Order Issued by \_\_\_\_\_ Per \_\_\_\_\_

Reissuance Authorized by \_\_\_\_\_ Date \_\_\_\_\_

Voided in by \_\_\_\_\_ Date \_\_\_\_\_

Date	Amount	Check Number
_____	_____	_____

Check signing area – Insert date and check number of reissued check; forward original to the Cashier's Office – 1210.

**Note:** Common Reasons to use this form:

- Lost Check
- Stale Dated Check
- Mutilated Check

Comptroller's Office will void check and a replacement will be issued to the same payee and mailed to the same address unless other notification is made.

SS = \_\_\_\_\_ Control Number \_\_\_\_\_