



Lost Check Form

Date: _____

RE: MSU PO# _____

RE: INVOICE# _____ MSU Auditor's Pre-Approval** _____

Our records show that on _____, Michigan State University issued check number _____ in the amount of \$ _____, payable to _____, and mailed it to you. This check has not yet cleared through our bank.

Only if this check was (check one): **1. Never Received** **2. Lost** **3. Stolen** **4. Destroyed**, complete the section below and return this notice to our office—at 166 Service Road, East Lansing, MI 48824—immediately. Upon receipt of the completed form, we will issue a replacement check at such time as the bank provides all necessary information to the university.

"I authorize Michigan State University to *stop payment* on the above check and to issue a replacement check. I agree that if the original is recovered it is to be returned promptly to your office. I agree that if both the original and replacement checks are cashed under circumstances resulting in overpayment to myself, I will promptly reimburse the university for the amount of overpayment or (if applicable) hereby authorize the university to deduct the amount of such overpayment from my next purchase order payment."

Supplier's Authorized Signature _____

Date: _____

PLEASE NOTE: Check will be mailed to the address you indicate on this form.

Mailing Address: REQUIRED

****MSU AP auditor's pre-approval required before replacement check can be issued.**

Company Name _____

Street Address _____

City, State, ZIP _____

All payment questions should be referred to Accounts Payable at (517) 355-2011.

Phone: _____

For MSU Accounting Use Only

Stop payment placed by: _____

Date: _____

Replacement authorized by: _____

Date: _____

Confirmation attached: _____ YES _____ NO

Check reissued by: _____

Date: _____