



Date \_\_\_\_\_

ALABAMA COOPERATIVE EXTENSION SYSTEM
STATEMENT OF PAYEE REQUESTING DUPLICATE CHECK

I. I CERTIFY THAT ALABAMA COOPERATIVE EXTENSION SYSTEM CHECK NUMBER
\_\_\_\_\_ DATED \_\_\_\_\_ WHICH WAS MADE PAYABLE TO ME IN THE AMOUNT OF
\$ \_\_\_\_\_ HAS BEEN LOST OR STOLEN UNDER CIRCUMSTANCES EXPLAINED BELOW:

I UNDERSTAND THAT THE ORIGINAL CHECK WILL BE VOIDED BY ISSUANCE OF A
DUPLICATE, AND IN THE EVENT THAT IT SHOULD BE FOUND LATER, IT SHOULD BE
MAILED DIRECTLY TO THE DIRECTOR, ACCOUNTS PAYABLE, ROOM 109 INGRAM HALL,
AUBURN UNIVERSITY, AL 36849.

INSTRUCTIONS FOR RELEASE OF DUPLICATE: \_\_\_\_\_

NAME OF PAYEE (PLEASE PRINT)

SIGNATURE OF PAYEE

ADDRESS OF PAYEE

SOCIAL SECURITY NUMBER

PLEASE DO NOT WRITE BELOW THESE LINES

II. MEMORANDUM TO: DIRECTOR, ACCOUNTS PAYABLE

PLEASE STOP PAYMENT ON PAYROLL CHECK NUMBER \_\_\_\_\_
DATED \_\_\_\_\_
PAYABLE TO \_\_\_\_\_
IN THE NET AMOUNT OF \_\_\_\_\_

AND ISSUE DUPLICATE

RONALD L. HERRING, DIRECTOR
PAYROLL & EMPLOYEE BENEFITS
DATE \_\_\_\_\_ BY: \_\_\_\_\_

III. FOR THE USE OF ACCOUNTS PAYABLE

PAYMENT STOPPED \_\_\_\_\_
DUPLICATE CHECK # \_\_\_\_\_
DATE: \_\_\_\_\_ BY: \_\_\_\_\_

IV. FOR THE USE OF PAYROLL & EMPLOYEE BENEFITS

DUPLICATE RECEIVED & RELEASED TO EMPLOYEE PER INSTRUCTIONS ABOVE

DATE \_\_\_\_\_ BY \_\_\_\_\_