

Lewis and Clark College

Lost or Stolen Check Replacement Request

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| Employee Name | |
| Lewis & Clark ID# | |
| <p>Please provide the following information to insure that the correct payroll check is being voided and reissued:</p> <p>Check One:</p> <p><input type="checkbox"/> Student Payroll <input type="checkbox"/> General Payroll (Faculty and Staff)</p> | |
| Check Number | |
| Check/Payroll Date | |
| Amount | |
| Signature | I certify that the check indicated has been lost, stolen, or damaged and request that Lewis and Clark issue a replacement check. |

If you have questions or require further information in order to complete this form; please contact the payroll office. Student PR x7820 Staff PR x7819
 Deliver to the HR/Payroll Office, South Campus Chapel Annex Mail Stop Code: 72
 Fax: 503-768-6233

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| This Section to be completed by the Payroll Office Only | | | |
| Stop Payment Issue Date | | | |
| Bank Confirmation Number | | | |
| Replacement Check Date | | | |
| Replacement Check Number | | Initials | |