

MICHIGAN STATE UNIVERSITY

PAYROLL EMPLOYEE LOST CHECK FORM

Date: _____

Our records show that Michigan State University issued the following Payroll Employee check:

Check Number: _____ Check Amount: _____

Check Date _____ Person ID #: _____

Payable to: _____

This check has not yet cleared through our bank. According to you, this check was either:

- Lost Never Received
Stolen Stale
Destroyed

Please complete the section below and return this notice to our office immediately. Upon receipt of the completed form, we will issue a replacement check at such time as our 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 if the original is recovered, it is to be returned promptly to the Payroll Office.



OFFICE OF THE CONTROLLER

Payroll Division

Hannah Administration Bldg
426 Auditorium Rd Rm 350
East Lansing, MI
48824

517-355-5010
FAX: 517-353-1675
<http://ctrl.msu.edu>

Initial here _____

I further agree that if the original and the replacement checks were cashed, the results would be an overpayment to myself. Therefore, I will promptly reimburse the University for the amount of the overpayment; or hereby authorize Michigan State University to deduct the amount of such overpayment from my next payroll check(s).

Signature _____ Date _____

Mailing Address (please print clearly)

PICK-UP

U.S. MAIL

Email _____

Phone _____

Payroll use only

Prepared by: _____

Date: _____

Date Reissued: _____

Voucher: _____

Stop placed by: _____

Tracer#: _____