

State of Maine
Office of the State Controller
Payroll Division
14 State House Station
Augusta, ME 04333-0014
Fax: 626-8453

Document I.D.									
PV						PAY			
	Agency			Mo.					
Office of the State Controller _____									
For Office of the State Controller Use									

Replacement Check Request Form

TO:

Payroll Division Office of the State Controller
--

Please issue a check to the individual named below. Amount: \$ _____

Accounting Code:

						8						0	0	9	3
Fund			Agency			Orgn			B/S Acct						

Check Category

PY

Check Distribution

Pick up in OSC - Payroll
Mail to Agency Payroll Clerk
Mail Directly to Employee

Address: _____

Processing Company Name _____ Number _____

Employee Name _____ SSN _____

I hereby request a replacement check for my regular paycheck due on _____ . The reason for this request is: _____ I understand that this amount will be deducted from my paycheck on _____ . Signature _____ Date _____
--

Payroll Clerk _____ Date _____

Authorizing Official _____ Phone No. _____

Please forward Original plus one copy of this form. Retain one copy at Agency.
