

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

Accounting Code:

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 Fund

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 Agency

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 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.
