

BOSTON UNIVERSITY
OFFICE OF THE COMPTROLLER
PAYROLL DEPARTMENT

REQUEST FOR CHECK REISSUE FORM

To: Payroll Office

Date: _____

From: _____

Subject: request for (Check One): Reissue of Stale Dated Check
 Stop Payment & Reissue

Section I: Reason for Request

Section II: Check Information

*Payee: _____

Employee Number: _____

Mail Code: _____

*Check Date: _____

Check Number: _____

Net Amount: _____

* NOTE: The payee and the check number are the minimum pieces of information that the Payroll Office requires to issue a stop payment. Check numbers are available on Galaxy screen HR70.

Signature: _____

Date: _____

FOR PAYROLL OFFICE USE ONLY

Date Request Received: _____

Date Bank Notified: _____

Date Confirmation

Received: _____

Date Check Reissued: _____

Initials: _____