



## Check Reissue Request Form

VENDOR / PERSON BEING REIMBURSED

**Requestor:** \_\_\_\_\_

**Vendor / person being reimbursed (if different from requestor):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone/email:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Amount of payment:**  
\$ \_\_\_\_\_

**Reason for reissue (misplaced, never arrived in mail, etc.):** \_\_\_\_\_

CERTIFICATION

*I certify that I have not received the check indicated above or have received the check and lost it. I request a stop payment order be placed on this check, and a new check be issued to me at the above address. I understand that should I receive or locate the original check, I will destroy it or return it to the PTA/PTSA that made the payment. (Note: Please do not deposit the original check, as you may be assessed a fee from your bank.)*

**Signature of requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

TREASURER'S USE ONLY

**Signature of check-signer #1 (e.g., President):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of check-signer #2 (e.g., Treasurer):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Original check # / payment method:** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

**Original date of issue:** \_\_\_\_\_ **Notes:** \_\_\_\_\_

**Note to treasurer:** Please file this form with the original [Check Request Form](#).