



CHECK REISSUANCE REQUEST

SUNY New Paltz Foundation, Business Office, 1 Hawk Drive, New Paltz, NY 12561-2443

The completion of this form will allow us to issue you a check to replace the original, which was reported as never received, lost, destroyed or stolen/fraud. Please carefully read, sign and date this form and return it to:

SUNY NEW PALTZ FOUNDATION, HAB 510

REASON

Not Received Received/Destroyed Received/Lost Stolen/Fraud

Details: _____

MAKE CHECK PAYABLE TO

Vendor/Individual Name _____ Invoice Number _____

Remittance Address _____

City _____ State _____ Zip _____

DELIVERY INSTRUCTIONS

Mail to Vendor/Contractor Call for Pickup Via Interoffice Mail

I request that a replacement check be issued and any authorization for payment of the original check be canceled. I further agree to immediately surrender the original check to the SUNY New Paltz Foundation if it should ever come into my possession.

REQUESTOR INFORMATION

Name _____

Signature _____ Date _____

If on campus, please complete:

Title _____ Phone _____

Department _____ Campus Address _____

FOUNDATION USE ONLY

DATE RECEIVED		ORIGINAL CHECK DATE		REISSUE DATE	
VENDOR #		ORIGINAL CHECK #		REISSUE CHECK #	