



## Lost Check Form

Date: \_\_\_\_\_

MSU AP Auditor pre-approval<sup>1</sup>: \_\_\_\_\_

RE: MSU PO # \_\_\_\_\_, Invoice # \_\_\_\_\_

Our records show that on \_\_\_\_\_, Michigan State University issued check number \_\_\_\_\_  
in the amount of \$ \_\_\_\_\_, payable to \_\_\_\_\_,  
and mailed it to you. This check has not yet cleared through our bank.

Only if this check was (check one): ☐ **1. Never Received** ☐ **2. Lost** ☐ **3. Stolen** ☐ **4. Destroyed**,  
complete the section below and return this notice to our office—at 166 Service Road, East Lansing, MI 48824—immediately.  
Upon receipt of the completed form, we will issue a replacement check at such time as the bank provides all necessary  
information to the university.

### Supplier authorization

I authorize Michigan State University to **stop payment** on the above check and to issue a replacement check. I agree that if the  
original is recovered it is to be returned promptly to your office. I agree that if both the original and replacement checks are  
cashed under circumstances resulting in overpayment to myself, I will promptly reimburse the university for the amount of  
overpayment or (if applicable) hereby authorize the university to deduct the amount of such overpayment from my next  
purchase order payment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Mailing address<sup>2</sup>

Company name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_

### For MSU Accounting use only

Stop payment placed by: \_\_\_\_\_

Date: \_\_\_\_\_

Replacement authorized by: \_\_\_\_\_

Date: \_\_\_\_\_

Confirmation attached: ☐ Yes ☐ No

Check reissued by: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> Auditor pre-approval required before replacement check can be issued.

<sup>2</sup> The replacement check will be mailed to the address you indicate on this form.