

# LOST CHECK REQUEST FORM

Today's Date:

**TO:** *Disbursements, Business Services Division, Orange County Department of Education (OCDE)*

**From:** REQUESTOR: \_\_\_\_\_ PHONE NO. \_\_\_\_\_ DISTRICT NAME: \_\_\_\_\_

Please research the status of checks listed and provide copies of paid checks or an Affidavit if check was cashed by someone other than the payee.

CHECK NUMBER	VENDOR NAME	DISBURSEMENTS' ISSUE DATE	FUND	AMOUNT OF CHECK	SEND CHECK COPY	SEND AFFIDAVIT Yes / No	DISBURSEMENTS USE ONLY
							AFFIDAVIT / CHECK COPY SENT DATE(S)
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		
					Yes		

\*\*\*\* Please request Affidavit only if a check was cashed by someone other than the payee.\*\*\*\*

To verify the status of a check, please log on to Fund Management System (FMS) and click on Check Status tab and follow the instructions on screen. Do not use this form to place a stop payment on a check. Any unpaid Checks may be cancelled by completing "Request To Cancel Unpaid Check Form". Please remember that the check cancellation process is irreversible, this means that once a check is cancelled the bank will not honor the check. However, you may process a replacement check for a vendor after you have cancelled the original check.

*Send Lost Check Request form to -Disbursements, Business Services Division or fax to Disbursements (714) 557-2658. Attention: staff assigned to your District. See Instructions sheet or call staff assigned to your district with questions.*

## INSTRUCTIONS FOR COMPLETING THE LOST CHECK(S) REQUEST FORM

Fill in:

- 1 Today's Date
- 2 Requestor's Name and Phone number
- 4 District Name
- 5 Specific check information
  - a. Check Number
  - b. Vendor Name
  - c. Disbursements Issue Date is the date check was signed by Disbursements - OCDE.
  - d. Fund Number
  - d. Dollar Amount of Entire Check
- 6 If you would like affidavit sent to you, indicate Yes or No as applicable.  
Please request Affidavit only if a check was cashed by someone other than the intended payee.

**Send Completed form and attachments to:**

Disbursements, Business Services Division, OCDE.  
or Fax to 714-557-2658