

# STATE OF MAINE INTER-DEPARTMENTAL MEMORANDUM

Send To: Kaitlin McGovern Date: 7/24/2025  
Dept: OST SHS #39  
[StopPayments.OST@maine.gov](mailto:StopPayments.OST@maine.gov) 624-7461

## CHECK CANCELLATION REQUEST

**\*Check re-issue requests also require an Application for Duplicate Check form.**

**\*\*Stale-dated check re-issue requests do not need the Application for Duplicate Check form.**

Stop Payment: 

<b>Y</b>	<b>N</b>
<input type="checkbox"/>	<input type="checkbox"/>

 VCC: \_\_\_\_\_

Re-issue: 

<input type="checkbox"/>	<input type="checkbox"/>
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 Payee: \_\_\_\_\_

Disb Cat: (if any) \_\_\_\_\_ Address: \_\_\_\_\_  
*MRS, MRSF, TR, MS, FOR, CS*

Are there multiple agencies with payments on this check? 

<input type="checkbox"/>	<input type="checkbox"/>
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 Original Check #: \_\_\_\_\_

(If you are unsure please verify through Advantage that there has not been more than one payment combined)

Total Check Amt: \_\_\_\_\_

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

### PRIOR YEAR PAYMENTS

#### Department Instructions

If re-issuing on a new document, post to BSA 0215, Event Type AP17.

If not re-issuing, process journal to debit 0215 and credit balance forward adjustment (BSA 0390 and/or 295X, depending on account type).

CONTACT THE CONTROLLER'S OFFICE FOR GUIDANCE

#### Reason for Cancellation:

☐ Not received ☐ Lost ☐ Destroyed ☐ Stale-Dated ☐ Incorrect Information

Submitted By: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Station #: \_\_\_\_\_