STATE OF MAINE
INTER-DEPARTMENTAL MEMORANDUM

Send To: Kaitlin Morse **Date:**

Dept: OST SHS #39

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 no need the Application for Duplicate Check form.**

	Y	*N*
Stop Payment:	☐	☐
Re-issue:	☐	☐
Are there multiple agencies with payments on this check?	☐	☐

Disb Cat: **(if any)** _____

MRS, MRSF, TR, MS, FOR, CS

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

VCC:

Payee:

Address:

Original Check #:

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 #:**