



New York State Office of the State Comptroller
Bureau of State Accounting Operations

**Request for Stop Payment, Check Reissue, Check Copy or Forgery
Claim for the Comptroller's Refund Account (P and W Checks)
--For Agency Use Only**

Agency Information - All Fields **MUST** be completed.

Agency Business Unit:	Name of Agency Representative: (Print Name)
Email Address of Agency Representative:	Phone Number:

Check Information - All Fields **MUST** be completed. (Attach list for more than one check.)

Check Number (8 digits - Begins with a 2 or 7):	Check Date:	Check Amount:
Payee Name:		

(Must complete and check this box)

- *BEFORE CHECKING A BOX BELOW**, first refer to the Statewide Financial Systems (SFS) to verify if the check has been cashed, stopped, staled or escheated. See GFO Chapter XII, Section 9.G - "Reissuing or Cancelling a Refund Check" for further information.

(Check only one box below per form)

- Stop Check/Close Voucher (No Reissue or Agency Submits New Voucher With Changes)**
 -Deceased
 -Not entitled to payment
 -Payee name, amount or address incorrect
 -Payee requests refund be applied to their account
- Stop Check/Reissue New Check from Same Voucher (No Changes)**
 -Damaged, lost or stolen
 -Never received but address is correct
- Provide Copy of Cashed Check to Agency**
- Submit Forgery Claim to Bank (Must Include Documents Listed Below)**
 -Copy of the cashed check previously provided by OSC
 -Notarized AC 1551 - Affidavit To Support Claim of Forged Endorsement
- Other** - reason should be provided below

***E-mail this completed form (with list of checks if needed) to the Office of the State Comptroller at Refunds@osc.ny.gov.**