



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

**Request for 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:
Email Address of Agency Representative:	Phone Number:

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

Check Number:	Check Date:	Check Amount:
Payee Name:		

**(Check only one box below per form)**

- ☐ **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

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