NEW YORK STATE

Department of Taxation and Finance
Division of the Treasury

Request for Stop Payment, Replacement Check, Photocopy of Check, or Forgery Affidavit

Agency information – All fields **must** be completed.

Agency code or business unit	Agency name
Printed name of agency representative	Email address of agency representative

Check information – All fields **must** be completed.

Check number (8 digits)	Check date	Check amount
Payee name		

☐ Payee has reviewed previously provided photocopy, send forgery affidavit.

Voucher information – Identify the vouchers your agency is requesting to be changed.

Voucher ID	Payment amount
Voucher ID	Payment amount

Check type – Mark an *X* in the applicable box:

Regular vendor* ☐   Single vendor** ☐   Employee travel and expense ☐

Prior to making any requests, first refer to the Statewide Financial System (SFS) Stale Report (NYTR1652) to determine if the check has been returned to Treasury, and why it was returned. Reissuance information can be found in SFS associated with the voucher or expense report.

☐ **Payee lost check or check is damaged** – Reissue with no changes. The original check will be stopped and a new check will be issued with a new check number. If cashed, provide photocopy.

☐ **Payee not entitled to all or part of payment** – Cancel check and close vouchers specified in the *Voucher information* section. Agency must create a new voucher for the portion that the payee is entitled to. If cashed, provide photocopy.

☐ **Payee never received check and address was correct** – Reissue with no changes. The original check will be stopped and a new check will be issued with a new check number. If cashed, provide photocopy.

☐ **Payee never received check and would like payment reissued as Automatic Clearing House (ACH)** – Reissue to the following SFS ACH location: _____ . If cashed, provide photocopy.

☐ **Payee never received check and address was incorrect** – See instructions below as appropriate.

Regular vendor – Reissue with correct address (provide correct address below). Prior to submitting request, the agency or vendor **must** update the New York State (NYS) Vendor File. The original check will be stopped and a new check will be issued with a new check number and the correct address. If cashed, provide photocopy.

Employee travel and expense – Reissue with correct address (provide correct address below). Prior to submitting request, the employee's address must be updated in PayServ. The original check will be stopped and a new check will be issued with a new check number and the correct address. If cashed, provide photocopy.

Correct address:

Street address		
City	State	ZIP code

Single vendor – Cancel check and close related vouchers. The original check will be stopped and the agency must create a new voucher with correct address. If cashed, provide photocopy.

☐ **Payee never received check and check shows as reconciled (cashed) in SFS** – Provide photocopy.

Comments: _____

*A *Regular vendor* is a vendor that is registered to do business with NYS. They are approved, managed, and assigned a unique 10-digit vendor identification (ID) number by the Office of the State Comptroller's Vendor Management Unit.

**A *Single vendor* is a vendor whose specific information is not managed by the Office of the State Comptroller's Vendor Management Unit.

For payroll checks, use Form AC 3340.