

DO NOT STAPLE

TO:
State Of Maine
Treasury by 12:00 P.M.
OSC - Payroll by 2:00 P.M.

GAX 08C

OSC to Complete this Section

2 0 [] [] LOS [] [] [] []
YEAR DOC #

OSC - Payroll

OSC - Data Entry

- Pick up in OSC-Payroll
- Mail to employee

OSC	Disb. Category	REG	Disb. Format	[]	[]
98	Disb. Priority	Y	Single Payment	AP18	Event Type

For Office of the State Controller's Use - Do not write above this line.

Agency to Complete from here Down

Accounting Code:

AMOUNT: \$

[] [] [] [] [] [] 8 [] [] [] 0 0 9 3 []
 FUND DEPARTMENT UNIT B/S ACT

Replacement for Lost or Damaged Check

Please issue a check to the individual named below.

Employee Name:

[]

Vendor Code (VC#):

[]

Street/PO

[]

SSN:

[]

City/State/Zip

[]

Notes:

[]

Processing Company Name:

[]

Number:

[]

Authorizing Official:

[]

Phone No.:

[]

Information on check to be replaced:

Check # [] Check Date [] Check Amount []

Reason: Lost Damaged(Check Attached)

A CASH RECEIPT FORM & the CHECK being replaced as DAMAGED must be attached to the Original plus two (2) copies of this form. Treasury will forward to the Office of the State Controller - Payroll Division before 2:00 p.m. for processing.