



REPLACE TAILINGS CHECK

CHECK #: _____

CHECK DATE: _____

AMOUNT: _____

PAYEE: _____

(PRINT NAME)

PAYEE ADDRESS: _____

ACCOUNT _____

PAYROLL

VENDOR

REASON FOR STOP PAYMENT: _____

PAYEE SIGNATURE: _____

DATE: _____

TREASURY USE

PLACE BY: _____

REPLACEMENT CHECK # _____