



# REQUEST FOR REISSUE OF MISSING ACCOUNTS PAYABLE CHECK

Date \_\_\_\_\_

I, \_\_\_\_\_, attest that I or my employer has not received the following check from UA Little Rock. I request a replacement check.

Check #: \_\_\_\_\_ Dollar Amount: \$ \_\_\_\_\_ Dated: \_\_\_\_\_

Payable to: \_\_\_\_\_

I agree that if the above check is received or found that I will immediately return the check directly to the UA Little Rock Financial Services. I further agree that in the event that the check is cashed or deposited, Payee will be responsible for repayment in full.

I sign this agreement with the understanding that after the bank issues confirmation that the check is not cashed, UA Little Rock will reissue a replacement check in the same amount to the following address:

|  |
|--|
| Address:<br>_____<br>_____<br>_____<br>_____ |
|--|

\_\_\_\_\_  
Payee's Signature

*NOTE: a handwritten signature is required*

Completed forms should be delivered to Accounts Payable or faxed to 501.916.3338  
For assistance with this form, please contact Accounts Payable at 501.916.3318