



# Lost Check Replacement Request

## Finance Office

3933 Barnard Road  
Saginaw, MI 48603  
(989) 249-8734

I, \_\_\_\_\_ request a replacement check for  
check # \_\_\_\_\_, in the amount of \$\_\_\_\_\_  
that was issued to me on \_\_\_\_\_. I have waited the  
required 30 days and have not received or found the original check.

If the original check is received or found, I will return the check to the  
Saginaw Intermediate School District's office for their records. If it is discovered  
that the original check is cashed by me, I understand that the amount of the  
duplicate payment will be deducted from my next payroll or accounts payable  
check. If a check will not be issued from SISD to me within 14 days, I will make  
restitution to SISD within 14 days.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_