



THE HONORABLE CURTIS M.
LOFTIS, JR.
State Treasurer

REPLACEMENT CHECK REQUEST

Email form to: checkreplacement@sto.sc.gov with “[Agency ID] Replacement Check Request” in the subject line.

Questions? Email: checkreplacement@sto.sc.gov or Call: 803.734.2686

SECTION 1: CHECKS TO BE REPLACED

Line	Check Date	Check #	Amount	SCEIS Doc #	Payee	Check in-hand?
1.						
2.						
3.						
4.						
5.						

SECTION 2: CHECKS FROM SECTION 1 WITH CHECK DATE OLDER THAN 7/1/2011

Complete this section only for Checks in Section 1 that are older than 7/1/2011. This section **must be** completed in order to properly complete Payee address. Agency is responsible for obtaining and verifying proper address for vendor.

Line from Section 1	Check Date	Check #	Payee Address

SECTION 3: SPECIAL INSTRUCTIONS

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SECTION 4: REQUESTING AGENCY APPROVAL

Date Requested: _____

Agency ID _____ Agency Name _____

Requestor Name: _____ Phone: _____

Email: _____

Finance Direct/Controller Name: _____ Phone: _____

Email: _____

SECTION 5: NOTICE

- If the replacement check is older than 7/1/2011 it may not have a SCEIS Doc#. If so, please note “n/a”
- Please note in Section 1 if the physical check is in-hand as handling of the replacement check is a distinct process when the Agency has physical control of the check.
- If more than five replacement checks are requested, an attached excel spreadsheet can be used if the format and layout is consistent to Section 1 and Section 2 (if applicable) tables. Please include this form as well and note in Section 1 and Section 2 that an attached listing is included.
- Agency Finance Director or Controller must be copied on all requests.
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