

Replace/Reverse LaGov Check or EFT Payment Form

Agency Name: _____

Agency Number: _____

Request Type: Replace Check Reverse Check Reverse EFT

Vendor Information:

Vendor Name: _____ Vendor Number: _____

Check Number: _____ Check Date: _____ Check Amount: _____

EFT Doc Number: _____ EFT Date: _____ EFT Amount: _____

Reason for Replacement/Reversal

Check:

- Non-negotiable (check forwarded to Treasury)
- Requesting Stop – Check not received
- Requesting Stop – Check received, then lost
- Requesting Stop – Check received, then destroyed
- Other: _____

EFT:

- EFT Returned
- Bank Information Incorrect
Date correction was made: _____
- Other: _____

Prepared by: _____

Email: _____

Phone: _____

Approved by: _____

Email: _____

Phone: _____

Treasury Use Only:

Check: Paid Date Paid: _____ Date notified Agency: _____

Outstanding

Check Forwarded to Treasury

Stop Pay Processed Date: _____ Initials: _____ Approved: _____

EFT: EFT Dollar Return Date: _____

Reversal:

LaGov Reversal Completed Date: _____

New LaGov Document Number: _____

New LaGov EFT Number: _____

New LaGov Check Number: _____

Replacement:

LaGov Replacement Completed Date: _____

New LaGov Document Number: _____

New LaGov Check Number: _____

New LaGov Check Date: _____

Comments: _____

Processed by: _____ Date: _____

Approved by: _____ Date: _____