CHECK INQUIRY REQUEST FORM

<u>Purpose:</u>   **<u>Date:</u>**

This form should be used to place stop payments or to void a check at the bank (i.e., lost, stolen, duplicate, wrong vendor, etc.) and/or request a copy of a check (after the requestor has confirmed the check has been cashed in B2P or AP Views).

AP reissue check requests: Before submitting this form confirm 1) the payee is active and 2) the Remittance Address is current. **NOTE:** If a supplier is not active or the address is not current, update inB2P <u>prior</u> to submitting the form. If the remittance address is updated, note the updated address below. For questions related to the B2P Supplier Portal, please contact AP_SupplierOnboarding@harvard.edu

AP check redeposit requests:

1. Was check originally issued in a prior calendar year?
   - ☐ **NO**
   - ☐ **YES**
2. If "YES", please indicate supplier type:
   - ☐ **1099 - US individual or U.S. entity**
   - ☐ **1042S – Foreign individual or entity (special tax approval is required)**

Check Information	Requestor Information
Type of Check:	Requested By:
Check Number:	Phone Number:
Check Date:	Department:
Check Amount:	Requested Action:
Check Payee:	

Reason for Requested Action	New Remittance Address (if applicable)
	Address 1:
	Address 2:
	City:
	State: **Zip:**

Redeposit (Escheat/DCE Only)

33 Digit Billing Code:

Check Copy Request

Cleared Date:

Email Address:

How to submit completed form:

Save the form as PDF and email it to checkinquiryform@harvard.edu. In the email subject line please use the check number referred to above. Questions related to completing this form can also be emailed to checkinquiryform@harvard.edu.

Cash Management Use Only				
Bank stop date:	Stop Confirmed:	YES	NO	Date
AP Use Only				
Cancel Date:			Reissue Date:	