



Request for Cleared Check Information

Date of Request _____
 Requesters Name _____
 Department _____
 Phone Number _____ Fax Number _____
 Requesters Email Address: _____

First Item

Check Number _____
 Payable to _____
 Check Date _____
 Amount \$ _____
 Date Check Cleared _____

FOAPAL

*Fund(6)	*Org (5)	*Account (5)	*Program(2)	Activity (5)	Location(4)

- Please fax copy of canceled check
- Please stop pay and reissue (10 business days must pass after issue date before a check can be reissued)

Second Item

Check Number _____
 Payable to _____
 Check Date _____
 Amount \$ _____
 Date Check Cleared _____

FOAPAL

*Fund(6)	*Org (5)	*Account (5)	*Program(2)	Activity (5)	Location(5)

- Please fax copy of canceled check
- Please stop pay and reissue (10 business days must pass after issue date before a check can be reissued)

Send completed form to CLEARCKS.1@nd.edu or FAX to 631-4983 and we will respond within 24 hours.
 If you need any assistance completing the form, please call Renee Glover at 631-9454.