

REQUEST FOR ISSUANCE OF REPLACEMENT CHECK DUE TO ERROR IN NAME AND/OR DESIGNATION OF PAYEE

To Disbursing Office _____

Date _____

CHECK NO.	DATE	AMOUNT	SYMBOL NO.	VOUCHER NO.

NAME AND/OR DESIGNATION ON CHECK:

I certify that the correct name and/or designation of the payee is as shown hereon and the amount stated is due the payee. Issuance of a replacement check as indicated, for delivery in the usual manner, is authorized. Standard Form 1147 Rev. 5/1995 Department of the Treasury I TFRM 4-6000 Previous edition is not usable	CORRECT NAME AND/OR DESIGNATION:	ADMINISTRATIVE OFFICE
		LOCATION
	Replacement check issued as authorized	SIGNATURE OF AUTHORIZED CERTIFYING OFFICER
	Control No. _____	NAME OF AUTHORIZED CERTIFYING OFFICER (Type or print)
Date _____	<i>For Disbursing Officer</i>	