

**STATEMENT OF CLAIMANT REQUESTING REPLACEMENT CHECK**

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The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0730-0002). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN IT TO THE ADDRESS OF THE AGENCY WHO PROVIDED THIS FORM.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 5 U.S.C. 301, Departmental Regulations; Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Volume 5; 31 U.S.C. Sections 3511, 3512, and 3513; and E.O. 9397 (SSN) (as amended).

**PRINCIPAL PURPOSE(S):** To be used by intended recipients of U.S. Treasury checks to request a replacement for a lost, stolen, destroyed, or mutilated check, or one canceled due to limited payability. Disbursing Offices will use the information to make the determination to issue a replacement check based on the information provided, and for canceling the original check. The information will also verify a proper mailing address for the claimant. Applicable SORN: T7901 (<http://dpcl.d.defense.gov/privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6287/t7901.aspx>).

STANFINS PIA (<http://www.dfas.mil/foia/privacyimpactassessments.html>).

**ROUTINE USE(S):** In addition to those disclosures generally permitted under 5 U.S.C. Section 552a of the Privacy Act, as amended, this information may be disclosed to the Department of Justice of U.S. Treasury for law enforcement purposes. It may also be disclosed for any of the "Blanket Routine Uses" as published in the Federal Register at the beginning of the DoD compilation of PA system notices. (<http://dpcl.d.defense.gov/privacy/SORNs/component/dfas/preamble.html>)

**DISCLOSURE:** Disclosure is voluntary; however, failure to disclose the requested data may prevent issuance of a replacement check. The Social Security Number is requested to verify the claimant and certify what happened to the original check issued by the government.

**WARNING:** Title 18, Sec 287, US Code: "Whoever makes or presents to any person or officer in the civil, military, or naval service of the United States, or to any department or agency thereof, any claim upon or against the United States, or any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent, shall be imprisoned not more than five years and shall be subject to a fine in the amount provided in this title."

1. PAYEE (Show business name or financial organization, if applicable)	2. SSN/EIN
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3. TELEPHONE NUMBER (Include area code)	4. E-MAIL ADDRESS
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5. ACCOUNT TO BE CREDITED IF ITEM 1 IS A FINANCIAL ORGANIZATION

6. ADDRESS TO WHICH CHECK WAS MAILED (Include 9-digit ZIP Code)	7. CORRECT MAILING ADDRESS (If different from Item 6)
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8. PURPOSE FOR WHICH CHECK WAS ISSUED (X as applicable)	9. DATE DUE (Approximate)
<input type="checkbox"/> a. REGULAR PAY <input type="checkbox"/> b. TRAVEL PAY <input type="checkbox"/> c. VENDOR PAY <input type="checkbox"/> d. OTHER (Specify)	

10. CHECK WAS: (X as applicable)	11. WAS CHECK ENDORSED? (X one)
<input type="checkbox"/> a. NOT RECEIVED <input type="checkbox"/> b. RECEIVED, BUT: <input type="checkbox"/> (1) LOST <input type="checkbox"/> (2) STOLEN <input type="checkbox"/> (3) DESTROYED <input type="checkbox"/> (4) MUTILATED <input type="checkbox"/> (5) CANCELED (LIMITED PAYABILITY)	<input type="checkbox"/> a. YES <input type="checkbox"/> b. NO

**CERTIFICATION**

I certify that I (we) have in no way benefitted from the proceeds of the above check, and do hereby request a replacement check be issued to me. I further certify that if I recover the original check, I will not negotiate it but will immediately return it to the Disbursing Office. I fully understand that negotiation of both the original and replacement check constitutes a fraudulent act against the United States Government and as such is subject to punishment as provided by law. I further consent to immediate recoupment from future pay and allowances due me if I negotiate both the original and replacement checks, including interest and administrative costs.

12. SIGNATURE OF PAYEE (Or payee representative)	13. DATE	14. SIGNATURE OF CO-PAYEE (If applicable)	15. DATE
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**FOR DISBURSING OFFICE USE**

16. CHECK DATA				
a. CHECK NUMBER	b. DATE OF CHECK	c. CHECK AMOUNT	d. ISSUING DSSN	e. VOUCHER NUMBER

17. DO REMARKS

**INSTRUCTIONS FOR COMPLETING STATEMENT OF CLAIMANT REQUESTING REPLACEMENT CHECK**

1. PAYEE	Payee name, business name or financial organization.
2. PAYEE'S SSN/EIN	Payee's SSN (for individual) or EIN (for business).
3. TELEPHONE NUMBER	Payee Telephone Number.
4. E-MAIL ADDRESS	Payee e-mail address.
5. ACCOUNT TO BE CREDITED IF ITEM 1 IS A FINANCIAL ORGANIZATION	Enter account number to have been credited.
6. ADDRESS TO WHICH CHECK WAS MAILED	Address on file.
7. CORRECT MAILING ADDRESS	New Address.
8. PURPOSE FOR WHICH CHECK WAS ISSUED	<ul style="list-style-type: none"> <li>a. REGULAR PAY</li> <li>b. TRAVEL PAY</li> <li>c. VENDOR PAY</li> <li>d. OTHER (specify what type of pay)</li> </ul>
9. DUE DATE	Date check was due to arrive.
10. CHECK WAS:	X as applicable: <ul style="list-style-type: none"> <li>a. NOT RECEIVED</li> <li>b. RECEIVED BUT:                             <ul style="list-style-type: none"> <li>(1) LOST</li> <li>(2) STOLEN</li> <li>(3) DESTROYED</li> <li>(4) MUTILATED</li> <li>(5) CANCELED (LIMITED PAYABILITY)</li> </ul> </li> </ul>
11. WAS CHECK ENDORSED?	Answer Yes or No.
12. SIGNATURE OF PAYEE	Signature of the Payee or payee representative.
13. DATE	Self Explanatory
14. SIGNATURE OF CO-PAYEE	Signature of Co-Payee (if applicable).
15. DATE	Self Explanatory.
16. CHECK DATA 16a. CHECK NUMBER 16b. DATE OF CHECK 16c. CHECK AMOUNT 16d. ISSUING DSSN 16e. VOUCHER NUMBER	For Disbursing Office Use.
17. DO REMARKS	