



### Replacement Check Affidavit

Baldwin County Public Schools  
2600 Hand Avenue  
Bay Minette, Alabama 36507  
251-937-0312

Instructions: Please fill out, sign, and return this form to the applicable issuing department (i.e., Accounts Payable or Payroll).

Accounts Payable Check \_\_\_\_\_ Payroll Check \_\_\_\_\_

Date of Check, if known: \_\_\_\_\_ Amount of Check, if known: \_\_\_\_\_

Please indicate reason for replacement check request by selecting the appropriate box below:

- \_\_\_\_\_ The original check was lost or stolen.  
 \_\_\_\_\_ The original check was destroyed.  
 \_\_\_\_\_ I never received the original check.

Please issue a replacement check to:

Employee or Vendor Name: \_\_\_\_\_  
 Please include Employee #, if applicable.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If the original check is obtained, **it must be returned at the address listed above c/o Business and Finance.**

If the original check does clear after the replacement is issued and it is evident that I have been paid twice, I understand that I must immediately repay Baldwin County Public Schools.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

BCBOE Use Only:

Replacement Issued: Check # \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_