Louisiana State University
Office of Accounting Services
Financial Accounting & Reporting
204 Thomas Boyd Hall

REQUEST FOR COPY OF AN LSU CHECK AS500 Request Date _____ Please obtain a copy of: Check # Check Date LSU ID or 63/# Department Contact A copy of this check should be sent via: E-mail to: Fax to: _____ Campus Mail to Department Above Campus Mail to Other Department _____ US Mail to: Other _____ FOR ACCOUNTING SERVICES USE ONLY Check # _____ has not cleared the LSU bank account as of ___ A stop payment may need to be placed on the check and a replacement check requested.

Rev 0

Processed by

Date