Treasury Department and Comptroller Operations

Check Trace Request Form – Vendor Requests

To ensure your request is processed promptly, please ensure all fields outlined in red are completed.

HOVERING OVER ANY INPUT FIELD WILL PROVIDE ADDITIONAL INFORMATION/INSTRUCTIONS ON WHAT IS NEEDED FOR COMPLETING THAT FIELD.

TO BE COMPLETED BY REQUESTER

Check Date:

TRACEID:

BankAcctID:

Amount:

Payee Name:

CURRENT Mailing Address:

Address Line 2:

City / State / Zip Code:

Business Area:

DOC,VT OR DSN #:

Requester Name:

Requester Phone #:

Requester E-mail:

Reason For Request (Check was reported as)

If Request Reason is "Other", please provide description

Action Requested:

Delivery Type:

Clear Form

Submit by Email