BUREAU OF COMMONWEALTH PAYROLL OPERATIONS
REQUEST FOR REPLACEMENT OR PHOTOCOPY OF PAYROLL CHECK

BCPO-3205 (Rev 02/2021)

*** TO BE COMPLETED BY REQUESTOR ***

Employee Name (First, MI, Last)   Personnel No.

Mail Address (Street or PO Box)   Personnel Area

City   State   Zip   Payroll Area

Reason for Stop Payment

Select Reason

Comments

Check Information

Pay Period Ending   Pay Date   Amount   Advance Requested

NOTE: An advance is to be requested only for an active pay status Commonwealth employee. An additional Form BCPO-500 is not required.

Delivery Information

Delivery Method   Contact Name

UPS Charge Acct No.   Billing Zip Code   Contact Phone Number

NOTE: UPS Acct No. must be 6 characters with no dashes. Enter the Billing Zip Code where the UPS Account originated.

Mailing Address (If different than above)

Name

Street or PO Box   City   State   Zip

Requestor Information

Requestor Name   Date Completed

Please ensure all information is completed to avoid any delays in processing your request.

*** TO BE COMPLETED BY BCPO PAYROLL ACCOUNTING ***

Date Received   Date Sent to Treasury   Date Advance Completed

Date on Replacement Check   Check Number

*** TO BE COMPLETED BY BCPO ADVANCEMENTS AND DEDUCTION ACCOUNTING ***

Vendor No.   SAP Doc (FB60) No.   Posting Date

Purpose   SAP Doc (F-58) No.   Check No.

Reconciliation: Check No.   Amount   Date Closed   Deposit Date