Request For Check Reprints

Please reprint the following checks:

Name of Check _____ Series/Fund: _____ (optional) Check Date: ____/____/____

Original Jobname: _____ Original Run Number: _____ No. of Checks: _____

Seq No.	Check No.		Seq No.		Check No.	
			From:	To:	Starting:	Ending:
		R				
		A				
		N				
		G				
		E				

Comments: DO NOT SEAL

Authorization Signature: _____ Date: ____/____/____

****

Production Control Information Run Indentifier: _____

Jobname: _____ Date to be Run: ____/____/____ Check Stock = ☐ UI ☐ DI ☐ generic 11 ☐ generic 14
(Check correct stock)

Comments: _____ **DO NOT SEAL**

_____

Authorization Signature: _____ Date: ____/____/____
(Production Control I/O)

****

Print Room

Authorization Signature: _____ Date: ____/____/____
(Print Room Operator)

****

Check Distribution

Authorization Signature: _____ Date: ____/____/____
(Check Distribution Personnel)

****

OMB/DOL Control

Authorization Signature: _____ Date: ____/____/____
(Client Control Personnel)