

State of New York
Office of the State Comptroller
UNDELIVERABLE PAYROLL CHECK REPORT

Date _____

Agency _____

Dept/Division Code _____

Fiscal Officer _____

Phone Number _____

Payee's Name _____

Check No. _____

ACTIVE / INACTIVE
(circle one)

Warrant Number	Schedule/Batch Number	Amount of Check \$
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Reason for Return:

- Death of Employee Pending Documentation
- Current Address Unknown
- Other (Explanation) _____

FOR AGENCY USE ONLY	FOR TREASURY USE ONLY
Approved by: Signature: Date:	Received by: Signature: Date:

Send form to:
Department of Taxation and Finance
Division of the Treasury
P.O. Box 22119
Albany, New York 12201-2119