REQUEST FOR ISSUANCE OF REPLACEMENT CHECK DUE TO ERROR IN NAME AND/OR DESIGNATION OF PAYEE

To Disbursing Office				Date	
CHECK NO.	DATE	AMOUNT	SYMBOL NO.	VOUCHER NO.	
NAME AND/OR DESIGNATION ON C	HECK:	1		l	
certify that the correct name and/or lesignation of the payee is as shown lereon and the amount stated is due the layee. Issuance of a replacement check as ndicated, for delivery in the usual manner, is authorized.			ADMINISTRATIVE OFFICE LOCATION		
Standard Form 1147 Rev. 5/1995 Department of the Treasury	Replacement ch	Replacement check issued as authorized Control No.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICER	
I TFRM 4-6000 Previous edition is not usable	Date	For Disbu	rsing Officer	NAME OF AUTHORIZED CERTIFYING OFFICER (Type or print)	