



CENTER FOR
VETERANS
RESEARCH AND
EDUCATION

CHECK REPLACEMENT FORM

Reason for replacement (check one):

- Original check was lost or stolen
- Original check was destroyed
- Original check was not received

Check #: _____ **Check amount:** _____ **Check date:** _____

Name _____ Date _____

Street Address: _____

City _____ State _____ Zip _____ County _____

I verify that I am requesting a stop payment and replacement for the check listed above. If I do receive the check at a later date, I will return it to CVRE immediately and not cash or deposit it.

Signature: _____ Date: _____

Please return form to:
Center for Veterans Research and Education
Attn: Accounts Payable
1 Veterans Drive (151)
Minneapolis, MN 55417
Email: ap@cvre.org
Phone: 612-467-4354

Minneapolis VA Medical Center

1 Veterans Drive (151)

Minneapolis, MN 55417

www.cvre.org