

GOVERNMENT OF  
THE UNITED STATES VIRGIN ISLANDS



Mailing Address:  
2314 Kronprindsens Gade  
Charlotte Amalie, VI 00802

Street Address:  
76 Kronprindsens Gade  
Charlotte Amalie, VI 00802

DEPARTMENT OF FINANCE

REQUEST FOR RE-ISSUE OF MUTILATED CHECK

Department/Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Address of Payee:

Check Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No.: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Bank: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Payee

Agency Representative (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

**Original/Facsimile Check From Bank, along with copy of Payee's Official ID Should  
Accompany Request**

*For Department of Finance Use Only*

APPROVED:

Treasury Division

By. \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Accounting Division  
Control Section

By. \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Replacement Check No.: \_\_\_\_\_ Dated: \_\_\_\_\_