

Previous Edition Unusable

UNAVAILABLE CHECK CANCELLATION

CK. SYM.	CHECK SERIAL	CHECK AMOUNT	CK. DATE	AGY./PAYEE ID NO.

LINE CODE		STOP CD.		AGENCY CODE	

PAYEE NAME	

ADDRESS

NAME OF DECEDENT

D. OF DEATH	AMT. TO BE RECLAIMED	AGY. LOC. CODE	AGENCY OUTPUT

AGENCY REFERENCE

FOR AGENCY USE	
Agency	(Signature)

ORIGINAL-ADMINISTRATIVE AGENCY WILL FORWARD TO BGFO THROUGH DISBURSING OFFICE

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Agency	(Signature)

AGENCY RECEIPT COPY - D.O. SEND THIS COPY TO AGENCY

