

# REQUEST FOR REPLACEMENT OF LOST, MISLAID, DESTROYED, or STOLEN CHECK

**(EMPLOYEE: Please initial box)**

[     ] The original check was lost, mislaid, destroyed, or stolen  
for the check dated \_\_\_\_\_.

The employee requests that Ohio Turnpike Commission issue a replacement check, on the express condition that the employee agrees to hold Ohio Turnpike Commission harmless from and against any loss, damage, claim, the Ohio Turnpike Commission may incur if the original check is presented, produced, or paid.

The employee will pay or otherwise reimburse Ohio Turnpike Commission the full amount of any loss or damage of whatever kind Ohio Turnpike Commission sustains by reason of the negotiation, payment, production, or presentment of the original check which the employee has alleged to be lost, mislaid, destroyed, or stolen, together with all costs, charges (including stop payment fees).

Employee signature: \_\_\_\_\_

Date of signature: \_\_\_\_\_

Employee name (please print): \_\_\_\_\_

Employee's Social Security number or employee number: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

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**PAYROLL DEPT USE ONLY:**

The Ohio Turnpike Commission issued an original check number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_, dated \_\_\_\_\_, made payable to the order of employee \_\_\_\_\_.

A replacement check number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_, was issued on \_\_\_\_\_, made payable to the order of the above employee.

**Processed by** \_\_\_\_\_ on date \_\_\_\_\_

**Reviewed by** \_\_\_\_\_ on date \_\_\_\_\_