

LOST CHECK STATEMENT

State of Kansas
Department of Administration
Office of Systems Management
DA-6 (Rev. 10-2014)

Date: _____

To: **FINANCIAL SYSTEMS DESK**

From: Business Unit _____
Contact Name _____
Contact Phone _____

REASON FOR REQUEST:

(Select from drop-down list)

AGENCY COMMENTS/DIRECTIVES:

ORIGINAL CHECK INFORMATION (PLEASE PRINT OR TYPE)

Issue Date _____
Check Number _____
Check Amount _____
Payee Name _____
SMART Vendor ID _____

(Agency Use Only)
District Office

FINANCIAL SYSTEMS DESK USE ONLY

**ManageEngine
SERVICE DESK
TICKET NUMBER** _____

DUP CHECK DATE _____

VOUCHER(S)

