BUREAU OF COMMONWEALTH PAYROLL OPERATIONS
REQUEST FOR REPLACEMENT OR PHOTOCOPY OF PAYROLL CHECK

BCPO-3205 (Rev 02/2021)

*** TO BE COMPLETED BY REQUESTOR ***

Employee Name (First, MI, Last)		Personnel No.	
Mail Address (Street or PO Box)		Personnel Area	
City		State	Zip		Payroll Area	Z1/Z2/T2

Reason for Stop Payment

Select Reason: Lost by Employee

Comments:

Check Information

| Pay Period Ending | | Pay Date | | Amount | | Advance Requested | Yes |

NOTE: An advance is to be requested only for an active pay status Commonwealth employee. An additional Form BCPO-500 is not required.

Delivery Information

| Delivery Method | US Mail | Contact Name | |
| UPS Charge Acct No. | | Billing Zip Code | | Contact Phone Number | |

NOTE: UPS Acct No. must be 6 characters with no dashes. Enter the Billing Zip Code where the UPS Account originated.

Mailing Address (If different than above)

| Name | |
| Street or PO Box | | City | | State | Zip | |

Requestor Information

| Requestor Name | | Date Completed | |

Please ensure all information is completed to avoid any delays in processing your request.

CLICK HERE TO SUBMIT FORM TO ra-bcpo_stop_payment@pa.gov

*** TO BE COMPLETED BY BCPO PAYROLL ACCOUNTING ***

| Date Received | | Date Sent to Treasury | | Date Advance Completed | |
| Date on Replacement Check | | Check Number | |

*** TO BE COMPLETED BY BCPO ADVANCEMENTS AND DEDUCTION ACCOUNTING ***

Vendor No.		SAP Doc (FB60) No.		Posting Date	
Purpose	Advance	SAP Doc (F-58) No.		Check No.	
Reconciliation: Check No.		Amount		Date Closed		Deposit Date	