



*Maryland*  
STATE  
TREASURER

Investing for Maryland's future.

**BANKING ST-153**  
**R\*STARS VENDOR/PAYROLL**  
**CHECK REQUEST**  
**UNDELIVERABLE &**  
**UNPRESENTED FUNDS**

### SECTION I.

#### Banking Reconciliation Unit

Maryland State Treasurer

80 Calvert Street, Ste 414

Annapolis, MD 21401

Ph: (410) 260-7270

Email: [ST153\\_UDUPchecks@treasurer.state.md.us](mailto:ST153_UDUPchecks@treasurer.state.md.us)

Date:

Agency Name:

Agency Address:

Address Cont'd:

Agency Phone:

(Request will not be processed without Agency information)

### SECTION II.

**\*\*\*NOTE: If check is in "U" Status, contact General Accounting Division at 410-260-7814\*\*\***

#### 1. UNDELIVERABLE = "N" Status

**UNDELIVERABLE RE-ISSUE PAYMENT:** Please issue the check described below from the Undeliverable fund.  
**Attach Remittance Advice**

**UNDELIVERABLE RECOVER:** Please recover the check described below from the Undeliverable fund.  
Please state the reason why vendor is not entitled to funds and attach proper backup documentation.

Reason:

#### 2. UNPRESENTED = "E" Status

**UNPRESENTED RE-ISSUE PAYMENT:** Please issue the check described below from the Unpresented Fund.  
**Attach Remittance Advice and/or Original Check**

**UNPRESENTED RECOVER:** Please recover the check described below from the Unpresented Fund.  
Please state the reason why vendor is not entitled to funds and attach proper backup documentation.

Reason:

### SECTION III.

**All original check payment information listed below must be completed on this form.**

1. Financial Agency Code	2. Vendor Number
3. Check Number	4. Check Issue Date
5. Check Amount	6. Vendor Name
7. Vendor Address	
8. Auth. Signer Name	9. Email Address
10. Auth. Signer Signature	

#### FOR USE BY BANKING RECONCILIATION UNIT ONLY

I certify that the money is in the Undeliverable/Unpresented Fund and has not been re-issued previously.

Date Received:	Date Recovered:	Recovery Nbr:	Emp Initials:
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