

**REQUEST FOR ISSUANCE OF CHECK
(Reverse Collection)**

Attached is a copy of the receipt described below:

Case Name: _____

Case Number: _____

Receipt Number: _____

Receipt Date: _____

Receipt Amount: _____

Deposit Number: _____

Through the reverse collection procedure, please issue a check as follows:

Amount of Check: _____

Payee Name: _____

Payee Address: _____

The reverse collection is necessary because:

Forwarding Instructions (please circle one):

Mail to Payee

Return to Originator of this request

Signature and Title of Originator

Approved by Receiving Unit