

SONOMA COUNTY OFFICE OF EDUCATION – BUSINESS SERVICES

CHECK STATUS REQUEST

LEA NAME AND NUMBER: \_\_\_\_\_

CHECK TYPE (select one):      COMMERCIAL      or      PAYROLL  
(including Voluntary Payroll Deduction)

(EMAIL TO [sgraves@scoe.org](mailto:sgraves@scoe.org))    (EMAIL TO [jsarsfield@scoe.org](mailto:jsarsfield@scoe.org) and  
[tpham@scoe.org](mailto:tpham@scoe.org))

CHECK NUMBER: \_\_\_\_\_  
(ATTACH A COPY OF CHECK OR CHECK SNAP SHOT)

CHECK DATE: \_\_\_\_\_

CHECK AMOUNT: \_\_\_\_\_

PAYEE: \_\_\_\_\_

IF CHECK NOT CLEARED, STOP PAYMENT:      Yes    or    No

Email AP/Commercial check status requests to: [sgraves@scoe.org](mailto:sgraves@scoe.org)

**WHEN MARKED YES FOR A PAYROLL CHECK STATUS REQUEST, COMPLETE  
MANUAL PAYROLL REQUEST FORM AND EMAIL TO: [carend@scoe.org](mailto:carend@scoe.org)  
[jsarsfield@scoe.org](mailto:jsarsfield@scoe.org)  
[tpham@scoe.org](mailto:tpham@scoe.org)  
[jliu@scoe.org](mailto:jliu@scoe.org)**

AUTHORIZATION: \_\_\_\_\_