

RETURNED CHECK TRANSMITTAL	TRANSMITTAL DATE	CASE IDENTIFICATION				
		Co.	Record Number	Cat.	Ctr. Dig.	Dist.
CHECK DISPOSITION (PLACE A CHECK MARK (✓) IN APPROPRIATE BLOCK)		PAYMENT NAME AND ADDRESS				
<input type="checkbox"/> 1 REDEPOSIT						
<input type="checkbox"/> 1 REDEPOSIT - CASE CLOSED						
<input type="checkbox"/> 2 REDEPOSIT - SUSPEND ASSISTANCE		CHECK DATE	CHECK NUMBER	AMOUNT		
<input type="checkbox"/> 3 REPLACE - CHECK MUTILATED, IF OVER 30 DAYS OLD		CERTIFIED BY		DATE		
<input type="checkbox"/> 4 VALIDATE		FOR STATE HEADQUARTERS USE				
		TREASURY DEPT.				
<input type="checkbox"/> OVER		PRODUCTION CONTROL				

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