



**OREGON STATEWIDE  
PAYROLL SERVICES  
(OSPS)**

(503) 378-3518 fax

E-mail:

[OSPS.Help@das.oregon.gov](mailto:OSPS.Help@das.oregon.gov)

Online Resource Center:

<http://go.usa.gov/bEJk>

**INSTRUCTIONS TO  
PAYROLL OFFICES:**

1. Complete this form online at <http://go.usa.gov/BVNG>
2. Verify all required fields are complete.
3. Print form. Sign and date where indicated.
4. Bring or send canceled check and form to OSPS.\*

\* For agencies with a fax reversal authorization in place, fax to OSPS followed by original form and check marked as per agreement.

**OSPS Use Only**

Below this line

- Original Check
- Original P070 N/A
- Remove from P070 N/A
- Copy to PPNN's N/A
- Copy to Tie Downs N/A

Received Date Stamp

**CANCEL AN OSPS ISSUED CHECK**

**Section A: Reason for Canceling the Check**

- Need to rewrite a vendor check to one or more payee(s) (All Sections)
- Need to rewrite an employee check too old to reverse in OSPS (All Sections)
- Previously reported as lost. Reissued with ck# \_\_\_\_\_ dated \_\_\_\_\_
- To prevent an employee overpayment – Time removed:  Yes  N/A
- Wage attachment received after payroll ran
- Other (specify): \_\_\_\_\_

➤ A faxed P370 check request will follow:  Yes  N/A

**Section B: About the Check**

Agency #		Employee / Vendor Name (Payee)			
Employee ID / Vendor Code	P190 Set (01, 02, etc.) or <input type="checkbox"/> N/A	Pay Period End	Check Date	Check #	Check Amt

➤ P190 corrective flag set:  Yes  N/A

AGENCIES: Sign here ONLY if you do your own P130 reversal – AND ALSO in Section D.

OSPA check reversal (P130/P310) done by: \_\_\_\_\_ Date \_\_\_\_\_

**Section C: Replacement Instructions (Optional)**

If rewriting a vendor check, or an employee check that is too old to reverse in OSPS, complete this section. Do NOT complete if faxing P370 to rewrite check. CHECK AMT and TOTAL OF REWRITE **must** match. If you need additional payee lines, use more forms.

Name of Payee / Make Payable To	Employee ID / Vendor Code	Replacement Check Date	Check Amt	OSPS USE ONLY

**Total of Rewrite**  
(must match "Check Amt" in Section A)

**Section D: Submitted By**

Use your signature for print version, or email address for electronic submission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For OSPS Use Only**

- Agency reversal flag verified /  N/A
- Copy to SFMS /  N/A
- For manual check cancellations:**
- P370 attached /  PPNN \_\_\_\_\_ / \_\_\_\_\_ Run \_\_\_\_\_