Standard Form No. 1184 (Rev. 10/2005)
Prescribed by Dept. of the Treasury
I TFRM 4-7000
Previous Edition Unusable

UNAVAILABLE CHECK CANCELLATION

CK. SYM.	CHECK SERIAL	CHECK AMOUNT	CK. DATE	AGY./PAYEE ID NO.

LINE CODE	STOP CD.	AGENCY CODE

PAYEE NAME

ADDRESS

NAME OF DECEDENT

FOR D.O. USE

☐ Request Processed

☐ Payment returned and cancelled by DO on

_____

☐ No payment issued

☐ Incorrect/incomplete SF 1184

_____

D.O. Activity

_____

(Signature)

D. OF DEATH	AMT. TO BE RECLAIMED	AGY. LOC. CODE	AGENCY OUTPUT

AGENCY REFERENCE

FOR AGENCY USE

_____   _____
Agency   (Signature)

ORIGINAL-ADMINISTRATIVE AGENCY WILL FORWARD TO BGFO THROUGH DISBURSING OFFICE

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☐ Request Processed

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_____

PAYEE NAME

☐ No payment issued

☐ Incorrect/incomplete SF 1184

_____

D.O. Activity

ADDRESS

_____

(Signature)

NAME OF DECEDENT

D. OF DEATH	AMT. TO BE RECLAIMED	AGY. LOC. CODE	AGENCY OUTPUT

AGENCY REFERENCE

FOR AGENCY USE

_____   _____
Agency   (Signature)

DISBURSING OFFICE COPY - D.O. RETAIN THIS COPY FOR INTERNAL USE

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CK. SYM.	CHECK SERIAL	CHECK AMOUNT	CK. DATE	AGY./PAYEE ID NO.

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PAYEE NAME

ADDRESS

NAME OF DECEDENT

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☐ Request Processed

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☐ No payment issued

☐ Incorrect/incomplete SF 1184

_____
D.O. Activity

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(Signature)

D. OF DEATH	AMT. TO BE RECLAIMED	AGY. LOC. CODE	AGENCY OUTPUT

AGENCY REFERENCE

FOR AGENCY USE

_____   _____
Agency   (Signature)

AGENCY RECEIPT COPY - D.O. SEND THIS COPY TO AGENCY

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UNAVAILABLE CHECK CANCELLATION

CK. SYM.	CHECK SERIAL	CHECK AMOUNT	CK. DATE	AGY./PAYEE ID NO.

LINE CODE	STOP CD.	AGENCY CODE

PAYEE NAME

ADDRESS

NAME OF DECEDENT

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D.O. Activity

_____

(Signature)

D. OF DEATH	AMT. TO BE RECLAIMED	AGY. LOC. CODE	AGENCY OUTPUT

AGENCY REFERENCE

FOR AGENCY USE

_____   _____
Agency   (Signature)

ADMINISTRATIVE AGENCY COPY - AGENCY RETAIN THIS COPY FOR INTERNAL USE