Cloverleaf Local Schools Treasurer's Office

8525 Friendsville Road Lodi, OH 44254 (330) 721-3510

UNCLAIMED FUNDS FORM

Vendor Number (office use	only):			
Date:				
Employee or Vendor Name				
Address:				
City:	State:	Zip:		
Check number(s):	Date:	Amo	Amount: \$	
			\$	
			\$	
		TOTAL	\$	
I found my name on the Uncand I would like to claim m			ools Treasurer's Office w	
If you are an employee, yof Reimbursements form (This form is required a paid from a totally differ Also, some prefer that the checks. Finally, the information of the payroll direct deposit.) You can UNCLAIMED FUNDS	n. We no longer issue partent though you have dirent system from payroll heir reimbursements goormation required for A ect deposits. So you must access this form on the	aper checks to empirect deposit in paland the two system to a different bank CH deposits is slist complete this fo	ployees for reimburse yroll. Reimbursements CANNOT exchang k account than their parting than their parting than their parting than the parting	
NAME (Please print legibly	y):			
G:				