

REQUEST: Stop Payment ____ Void Check ____ Reason for Stop/Void _____

Required P Check # _____ Check Date _____ Amount _____

Payee: _____ Vendor # - SS# _____

PAYMENT VOUCHER#	FUND	BACC	AREA/ORGN	OBJT/SOBJ	RSRC/SREV	AMOUNT
------------------	------	------	-----------	-----------	-----------	--------

Will a New Check be Reissued? YES(1) ____ NO(2) ____ Type of CX ____ WR ____ FR ____

Will Disbursement Group be Changed? YES ____ NO ____ Change to Disbursement Group to ____

There is a 2-3 day waiting period for bank verification before a new check can be reissued.

Person Requesting Stop Payment

Request Date

Department

Phone #

COMPTROLLERS OFFICE USE ONLY

Date Received _____ Stop Payment Issued YES ____ NO ____ Date _____

CK Gen From Multi-Claim/Travel Doc No ____ Yes ____ (JV Required)

CX, WC/JV, FR – Document Number _____ Date _____

REQUEST: Stop Payment ____ Void Check ____ Reason for Stop/Void _____

Required P Check # _____ Check Date _____ Amount _____

Payee: _____ Vendor # - SS# _____

PAYMENT VOUCHER#	FUND	BACC	AREA/ORGN	OBJT/SOBJ	RSRC/SREV	AMOUNT
------------------	------	------	-----------	-----------	-----------	--------

Will a New Check be Reissued? YES(1) ____ NO(2) ____ Type of CX ____ WR ____ FR ____

Will Disbursement Group Need to be Changed? YES ____ NO ____ Change to Disbursement Group ____

There is a 2-3 day waiting period for bank verification before a new check can be reissued.

Person Requesting Stop Payment

Request Date

Department

Phone #

COMPTROLLERS OFFICE USE ONLY

Date Received _____ Stop Payment Issued YES ____ NO ____ Date _____

CK Gen From Multi-Claim/Travel Doc No ____ Yes ____ (JV Required)

CX, WC/JV, FR – Document Number _____ Date _____