

Check Copy/Stop Payment Request Form

TO: ACCOUNTS PAYABLE
ATTN: Accountant III
FAX TO 277- 2025

FROM: _____
FAX # _____

Date of Request _____	Department Requesting _____
Requestor's Name _____	Department Phone # _____
Requestor's email address _____	Department Fax # _____
Requestor's Phone Number _____	Department Mail Stop Code _____

INDICATE REASON FOR REQUEST by CIRCLING ONE OF THE FIVE REASONS INDICATED BELOW

- | | | |
|---|---|------------------------------|
| (1) Check Lost | (2) Check Stolen | (3) Check was Never Received |
| (4) Incorrect Vendor selected in Banner.
NOTE: Dept is responsible for Submitting a new Banner Direct Pay Invoice and correcting the Banner Direct Pay Invoice. | (5) Check Mailed to Incorrect Address
NOTE: Dept is responsible for Correcting Banner Direct Pay Invoice. | |

OTHER (Please Explain): _____

The Following Required Information is located on Banner Screen FOIDoch

Check Number _____	Date Check Issued _____
Check Amount _____	_____
Payee Name _____	Vendor # _____
Direct Pay Invoice Number _____	_____

Select One Option Below

- | | |
|---|--------------------------|
| If the Check has cleared the bank, Provide a copy of the check. | <input type="checkbox"/> |
| If the Check has <u>not</u> cleared the bank, Place a Stop Payment on the Check, DO NOT Re-issue Check
* (NOTE: Dept is responsible for Correcting Vendor Information) | <input type="checkbox"/> |
| If the Check has <u>not</u> cleared the bank, Place a Stop Payment on the Check, Re-Issue Check
* (NOTE: Dept is responsible for Correcting Vendor Information) | <input type="checkbox"/> |

ACCOUNTS PAYABLE VERIFICATION:

Check Cleared	_____
Check Copy was Faxed	_____
Check Outstanding	_____
Stop Placed	_____