

Stop Payment Request

Payroll Check
Payee complete the following:

Name _____

M Number _____

Mailing Address _____

Telephone # _____

Amount of Payment (if known) _____

Reason for Stop Payment (check one)

Never received by Payee

Lost/misplaced/destroyed after receipt

Accounts Payable Check
Payee/Department to complete the following:

Payee Name _____

M Number _____

Mailing Address _____

Amount of Payment _____

Banner Doc # _____

Reissuance? Yes No

Reason for Stop Payment (explanantion) _____

University Department _____

Contact Name _____

Contact Phone _____

Signature

_____/_____/_____
Current Date

For Accounting Office Use Only

Check Number _____ Check Date ____/____/____ Check Amount \$ _____

Banner Invoice Number _____ Fee: Yes ___ No ___ Delivery: Mail ___ Pickup ___

Cleared Thru Last Bank Statement? Yes ___ No ___ Statement Date ____/____/____

Comments: _____

Staff Processing Stop Payment _____ Date ____/____/____

Stop Payment Submitted to Bank _____ Date ____/____/____

Stop Payment Approved at Bank _____ Date ____/____/____