



## REQUEST FOR STOP PAYMENT

Vendor/Payee Name	
Vendor ID	
Contact Person	
Contact Phone#	

Check#	
Check Date	
Check Amount	

**Reason for Stop Payment**

- Stale Dated Check
- Paid Wrong Vendor
- Paid Wrong Amount
- Duplicate Payment

- Issued Error
- Bad Address
- Misplaced/Stolen
- Other \_\_\_\_\_

**Re-issue**

- Yes  No

**Voucher Numbers(s)**


Transaction	Date of Transaction
Date Stop Payment Placed	
Date Check Cancelled	
New Check#	
Date Stop Payment Confirmed	

***COMMENTS***

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Send Completed Form to:  
Sharon Marquis  
Accounts Payable