



## Stop Payment, Void and/or Reissue Form

Date: \_\_\_\_\_

Student Group: \_\_\_\_\_

Cost Object: \_\_\_\_\_

<p><b>Request For</b>          (Check All That Apply):</p> <p><input type="checkbox"/> Void</p> <p><input type="checkbox"/> Stop Payment</p> <p><input type="checkbox"/> Reissue</p>	<p><b>To:</b></p> <p>Payee: _____  <small>First Last</small></p> <p>Email: _____</p>
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➤ **RFP #:** \_\_\_\_\_

➤ **Check #:** \_\_\_\_\_

➤ **Reason for Reissue:**

\_\_\_\_\_

➤ **Are Original Checks Attached?**       YES       NO

**Authorized Signatory** *(cannot be same as payable to)*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Print Name*

**Check Delivery Method:** ALL REISSUED CHECKS ARE TO BE PICKED UP IN SAO W20-549

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_      Date Approved: \_\_\_\_\_

Document Number: \_\_\_\_\_      Initial: \_\_\_\_\_