

**VOIDS, STOP PAYMENTS, & REPLACEMENT of UNIVERSITY CHECKS
(IF PAYROLL CHECK, NOTIFY PAYROLL OFFICE)**

Note: SFS must return original request paperwork with this request and original check if applicable.
All other departments must attach the original check or check information.

NAME OF PAYEE ON CHECK _____

STUDENT ID# (If applicable) : _____

CHECK # _____ (Complete One form per Check)

VENDOR ID # (If applicable) : _____

DOLLAR AMT \$ _____

VOID (Original Check must be attached)
Reason for void _____

BUSINESS OFFICE USE ONLY	
_____	Verified Status in PeopleSoft
_____	Stop pmt completed
_____	Date _____
_____	Replacement Ck (if applicable)
_____	Check # _____
_____	Date Issued: _____

STOP PAYMENT
Reason for Stop Payment _____

DO NOT REPLACE CHECK

PREPARE REPLACEMENT CHECK FOR:
The Same Amount: _____ OR For: \$ _____
Payable to the Same Payee: _____ OR To: _____ ID# _____
Address _____

REQUESTED BY _____ Ext # _____

PLEASE NOTE: This process is completed weekly on Thursdays ONLY! All paperwork must be received by NOON on the Tuesday before in order to be processed on Thursday.

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