University of Nevada, Reno

Request for Stop Payment/Check Cancellation

I herby request that a stop payment/check cancellation be placed on:

Payroll Check No: 0000

Accounts Payable Check No: 1000

S.I.S. Check No: 2000

On the appropriate line, enter the last 6 digits of the check number

Issued To: _____ _____

Social Security Number or Federal Tax ID Number

Dated: _____

In The Amount Of: _____

For the following reason:

Check to be reissued? ☐ Yes ☐ No If 'No', explanation required:

Instructions to Accounts Payable:

05/22/2003

Date Signature Phone #

For Controller's Office Use Only

☐ Outstanding	Date: _____	Verified By: _____
☐ Cleared as Outstanding with the bank	Date: _____	Verified By: _____
☐ Stop Payment Issued	Date: _____	Verified By: _____
☐ Cancelled	Date: _____	By: _____
☐ Voucher Modified	Date: _____	By: _____
☐ Stale Dated	Date: _____	Verified By: _____