THE UNIVERSITY OF UTAH

STOP PAYMENT REQUEST

To: Front Desk
    Accounts Payable
    Park/145   (201 S Presidents Cir Rm 145)
    Tele 581-6976   **FAX** 585-6443

Date [1]: _____

Vendor Name [1]: _____   Vendor #: _____

Vendor Address: _____

_____

_____

Requesting stop payment for:

Check #[1]: _____   Check date [1]: _____   Check $[1]: _____

Cancel & Reissue [1]: _____   or Cancel [1]: _____

Reason for cancellation [1]:

Requester's Name [1]: _____   Telephone [1]: _____

If the address on the replacement check is different than the address on the old check, please list it here:

_____

_____

_____

[1] These fields are required. (Mark whether you want to cancel and reissue, or just cancel the check.)