

University of Kentucky
Accounting & Financial Reporting Services
371 Peterson Service Building
Lexington, KY 40506-0005

Stop Payment/Void Request Form

DATE OF STOP REQUEST:

DATE STOP WAS MADE:

PAYEE NAME:

CHECK #

CHECK DATE:

AMOUNT:

VENDOR #:

AFRS Use Only:

Original Document #

Posted by:

Post Date:

Original Payment #

Reversal #

Tracer ID:

REASON FOR REISSUE (CHECK BOX)

Printed Incorrectly (05)

Lost (12)

Stolen (07)

Destroyed/Unusable (06)

REQUESTED ACTION (CHECK BOX)

DO NOT REISSUE

Reissue

Reissue With Special Instructions

IS THE ADDRESS INFORMATION IN SAP CORRECT?

(CHECK BOX)

YES

NO

If the current address listed in SAP is not correct please fill in the correct address below.

PLEASE NOTE ANY SPECIAL INSTRUCTIONS:

Request Provided By:

Phone:

Request Initiated By:

Phone: