University of Kentucky

Payroll Services 340 Peterson Service Building Lexington KY 40506

Payroll Check Stop Payment Request Form

| DATE OF REQUEST: | DATE REQUEST PROCESSED: | | |
|------------------------------|--|--|--|
| | | | |
| EMPLOYEE NAME: | | | |
| PERSON ID: | | | |
| CHECK DATE: | | | |
| AMOUNT: | | | |
| | | | |
| REASON FOR STOP PAYMENT/VOID | | | |
| | | | |
| Lost Sto | llen Other Reason: | | |
| UFS Use Only | | | |
| | | | |
| Original Check # | | | |
| | | | |
| Replacement Che | ck or ACH # | | |
| Replacement Che | ck Date: | | |
| Amount: \$ | | | |
| | Stop Payment Void | | |
| Remove from outs | tanding check list and JV Remove from outstanding list | | |
| | Tracer ID#: | | |
| Requested By: | Request Processed By: | | |
| · · · · · <u> </u> | | | |