

# Check Cancellation/Replacement Form

**Mark appropriate boxes:**

<input type="checkbox"/> (AP) General Account	<input type="checkbox"/> Cancel Check (Original check is attached)
<input type="checkbox"/> (PR) Payroll Account	<input type="checkbox"/> Stop Payment (Original check is lost/not available.)
	<input type="checkbox"/> Reissue a replacement check.

## Check Information

Payee/Vendor Name (Last/First/MI)	Payee/Vendor ID	
FOAPAL	Payment Type	
Check#	Check Amount	Date Issued

**Reason:**

<input type="checkbox"/> Check was lost.	<input type="checkbox"/> Check was not received.
<input type="checkbox"/> Payee Name is incorrect.	<input type="checkbox"/> Check was damaged.
<input type="checkbox"/> Address is incorrect.	<input type="checkbox"/> Other _____
<input type="checkbox"/> Amount is incorrect.	

## Requestor's Information

Name (Last/First/MI)	Date Requested
Department	Phone

## Office Use Only

Processed by: (Attach Stop Payment Confirmation)	Date Processed
Posted by:	Date Posted

Reference/Notes