



STOP PAYMENT REQUEST

ACCOUNTING OPERATIONS

PURPOSE: To request a stop payment on lost Accounts Payable or Payroll paper checks.

STOP PAYMENT REQUEST	
Request Date: _____	Check Type: _____
Requester's Name: _____	
Payee Name: _____	ID Type: _____ ID Number: _____
Address: _____	
Telephone #: _____	
Check #: _____	Account #: _____
Check Date: _____	Check Amount: _____
Is Check to be reissued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Instructions for reissued check: _____	If other, provide explanation: _____

ACCOUNTING OPERATIONS	
To be completed by Accounting Operations:	
Date Stop Payment Placed: _____	Placed By: _____
Bank Confirmation # _____	SIMBA Cancel Payment Document # _____
SIMBA Reversal Document # _____	
Accounting Operations Notes:	