

CHECK STOP / VOID/ REISSUE FORM

Date of Request: _____

Payee Name: _____ Amount: _____

Date of Issue: _____ Check #: _____ Voucher #: _____

1- Reason for STOP - no physical check (Cancellation is automatic once Stop is completed)

Lost Not received Destroyed

2- Reason for VOID – check in hand

Wrong Payee Wrong Amount Duplicate pymt

Other: _____

3- STALEDATED check – Date check was staledated? _____

4- Will REISSUE need to be done? YES NO

(Note change in procedure: All Reissues are done at Auditor's office. An Affidavit to Obtain Duplicate of Lost or Destroyed Check is required in order to REISSUE a STOPPED or STALEDATED check).

Changes: Please note any changes that need to be made before new payment processed:

Reissue of original claim/voucher – Affidavit attached

Name of requestor (initiator of claim/voucher): _____

Signature of requestor: _____

FOR OFFICE USE:

Stop placed: _____ Confirmed on: _____

Correction completed by: _____ on: _____