



LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Financial Accounting & Reporting
204 Thomas Boyd Hall

STOP PAYMENT/ CANCELLATION REQUEST FOR CHECK PAYMENTS

AS32

Request Date _____

Stop payment

Cancel (if original check is attached)

Department		Contact	
Check #	Check Date	Net Amount	
Payee			
LSU ID or Vendor #	Payment Type	CHK	EPY PMD

* I certify that I accept financial responsibility for all costs incurred if this check is deposited after the stop payment has been placed. In the event I receive this check, I will return it to LSU, Office of Accounting Services, 204 Thomas Boyd Hall, Baton Rouge, LA 70803.

All reissued PAYROLL CHECKS are subject to a \$25 stop payment fee. The fee will be deducted from the next payroll check. If you are currently enrolled or decide to enroll in Direct Deposit, the fee will be waived.

* **Signature of Payee** (Required for Stop Payment) **LSUID or Vendor #** **Date**

Reason

<input type="checkbox"/>	Did not receive check	<input type="checkbox"/>	Misplaced check
<input type="checkbox"/>	Damaged check	<input type="checkbox"/>	Duplicate payment
<input type="checkbox"/>	Incorrect amount	<input type="checkbox"/>	Incorrect vendor/payee
<input type="checkbox"/>	Other _____		

Action

Do not reissue

Reissue Contact me at _____ or
 Mail the check to:
Name _____
Address _____
City _____ State _____ Zip _____

Reissue via Electronic Payment (if applicable)

FOR ACCOUNTING SERVICES USE ONLY

Processed by:	
Date processed:	
Replacement checks should be coded SPH to FAR – Bank Recon	