

**CASH MANAGEMENT**  
**ACCOUNTS PAYABLE STOP PAYMENT REQUEST**

Date of Request: \_\_\_\_\_

Check Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Amount: \_\_\_\_\_

Payee: \_\_\_\_\_ UA ID#: \_\_\_\_\_

Reason for stop payment request: \_\_\_\_\_

Account to be charged for bank stop payment fee: \_\_\_\_\_ - \_\_\_\_\_ - 3965

Accounts Payable Authorization: \_\_\_\_\_  
Signature

Department: AP/Travel \_\_\_\_\_ Reissue: \_\_\_\_\_

Requestor: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: 907-786-4827

<b>CASH MANAGEMENT USE ONLY</b>
Stop Date: _____
Approved Date: _____
Signature: _____

<b>***Accounting Use Only***</b>	
Date Faxed to 8-1-907-450-8023: _____	Initials: _____
Date Cancelled in Banner: _____	Initials: _____
Date Reissued: _____	Initials: _____