Payment Action Form

Part I

Today's Date: _____ Check Number _____ Check Date: _____
Person Requesting Action: _____ Phone: _____

Stop Payment Only ☐   **Stop Payment & Reissue** ☐

(check attached) Void Only ☐   **(check attached) Void & Reissue** ☐

Reason for Void

    ☐ Wrong Vendor   ☐ Check Lost in Mail   ☐ Duplicate Payment

    ☐ Stale Date   ☐ Check Destroyed

    ☐ Incorrect Address: New Address:_____

    If the new address is not known and the monies are owed to this vendor, invoices will be placed in either "Post Office" or "Returned" hold based on the source of the information.

    ☐ Other: _____

Special Instructions/Call Extension: _____

Part II

Complete the below:

1. Are all the invoices paid on this check owed to this vendor using this vendor number? If no, please list:

    ☐ Yes ☐ No _____

2. Are any of the invoices on the check to be re-issued to this same vendor and same vendor number now? If yes, please list:

    ☐ None ☐ All ☐ Yes   _____

3. Are certain invoices on the check never to be re-issued to this vendor using this vendor name, vendor number and vendor address? If yes, please list:

    ☐ No ☐ Yes _____

New Vendor #_____

Part III

Rep. Requesting Action   _____ Date: _____

A/P Staff Confirming Action   _____ Date:_____

A/P Staff Performing Action _____ Date:_____

Check Pick-up By: _____ Date:_____