

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: An Affidavit is required in order to REISSUE a STALEDATED check.

Changes: If changes are requested below, additional forms/documentation may be required as determine by ACTTC.

Reissue of original claim/voucher

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

Signature of requestor: _____

FOR OFFICE USE:	
Stop placed: _____	Confirmed on: _____
Correction completed by: _____	on: _____