

UNIVERSITY OF PENNSYLVANIA
OFFICE OF THE COMPTROLLER

ACCOUNTS PAYABLE CHECK CANCEL/STOP PAYMENT REQUEST
(Please Type)

Check #: _____
Check Date (mm/dd/yyyy): _____
Check Information - Payee: _____
Address: _____
Vendor # : _____
Amount: _____

- Please stop payment and do not reissue.

- Please stop payment and reissue check to new address :

Explanation for cancellation :

Type Name _____
Signed _____
Department _____
Extension _____
Date (mm/dd/yyyy) _____