

UNIVERSITY OF PENNSYLVANIA
OFFICE OF THE COMPTROLLER

ACCOUNTS PAYABLE CHECK CANCEL/STOP PAYMENT REQUEST

Check #: _____
Check Date (mm/dd/yyyy): _____
Payee: _____

Amount: _____

Please stop payment and do not reissue.

Credit account #:

CNAC(4)	ORG(4)	BC(1)	FUND(6)	OBJ(4)	PROG(4)	CREF(4)

Please stop payment and reissue check as follows:

Please cancel attached check and credit account

Explanation:

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