***UNIVERSITY OF PENNSYLVANIA***

**OFFICE OF THE COMPTROLLER**

**ACCOUNTS PAYABLE STOP PAYMENT/REISSUE REQUEST**

**(Please Type)**

|  |  |
| --- | --- |
| Document/Check #: |        |
| Document/Check Date (mm/dd/yyyy): |       |
|  Payee Name:  |  |
| Payee Address: |       |
|  |       |
| Vendor # : |       |
| Amount: |       |

|  |  |  |
| --- | --- | --- |
| [ ]  |  Stop payment and do not reissue: |  |

|  |  |
| --- | --- |
|  |  |

 [ ]  Stop payment and reissue to same address:

 [ ]  Stop payment and reissue to new address:

 [ ]  Stop check payment and reissue as a wire:

 ***This option should only be selected if the banking information exists in***

***Penn Marketplace.***

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

***Provide explanation, documentation and check when possible for all cancellations.***

|  |  |
| --- | --- |
| Type Name  |  |
| Sign Name |  |
| Department Name |       |
| Extension |       |
| Date (mm/dd/yyy) |       |