LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Financial Accounting & Reporting
204 Thomas Boyd Hall

STOP PAYMENT/ CANCELLATION REQUEST FOR CHECK PAYMENTS AS32

Request Date _____

☐ **Stop payment** ☐ **Cancel (if original check is attached)**

Department			Contact		
Check #		Check Date		Net Amount	
Payee					
LSU ID or SPL #			Payment Type	☐CHK ☐EPY ☐PMD	

* I certify that I accept financial responsibility for all costs incurred if this check is deposited after the stop payment has been placed. In the event I receive this check, I will return it to LSU, Office of Accounting Services, 204 Thomas Boyd Hall, Baton Rouge, LA 70803.

All reissued PAYROLL CHECKS are subject to a $25 stop payment fee. The fee will be deducted from the next payroll check. If you are currently enrolled or decide to enroll in Direct Deposit, the fee will be waived.

_____ _____ _____

*** Signature of Payee (Required for Stop Payment)** **LSUID or SPL #** **Date**

Reason

☐ Did not receive check
☐ Damaged check
☐ Incorrect amount
☐ Other _____
☐ Misplaced check
☐ Duplicate payment
☐ Incorrect vendor/payee

Action

☐ **Do not reissue**

☐ **Reissue** ☐ Contact me at _____ or

☐ Mail the check to:

Name _____

Address _____

City _____ State _____ Zip _____

Reissue via Electronic Payment (if applicable)

FOR ACCOUNTING SERVICES USE ONLY

Processed by:	
Date processed:	

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