



Accounts Payable
MSN: 3C1
Tel: 3-2580; Fax: 3-2589

Stop Payment Authorization Form

Instructions: Please complete the form and fax to Accounts Payable at 703-993-2589. If the below check has not been cashed, a check will be reissued and available for pick up. If the check is cleared, Accounts Payable will notify you via email.

From: _____ Date: _____

Address: _____

Department: _____

Phone: _____ Email: _____

Issue Replacement Check -OR- Do Not Issue Replacement Check

Pick Up -OR- Send US Postal Mail

Check Number: _____ Date: _____ Amount: _____

Payee: _____

Address: _____

Reason for Request:

Never Received Lost Destroyed

Stolen Issued in Error

I am aware of that check is no longer valid and cannot be deposited if it arrives at a later date.

Requestor's Signature: _____

Comments or Special Instructions: _____

Office Use Only:

Vendor ID: _____ Prior Year: _____

Invoice #: _____ Due Date: _____

Check Date: _____ Inv: _____

Check #: _____ Comm: _____

Stop Payment/Cancelled: _____ Fund/ Org/ Account: _____