

UNIVERSITY OF ALASKA FAIRBANKS

STOP PAY REQUEST

Fax to Accounts Payable x7046

DATE OF REQUEST: _____

CHECK NUMBER: _____

CHECK ISSUE DATE: _____

AMT:\$ _____

PAYEE: _____

Vendor ID: _____

REISSUE CHECK: Yes No

ADDRESS CODE: _____

"If Yes, provide Address Code"

CONFIRM ADDRESS: _____

STUDENT/VENDOR PHONE: _____

REASON FOR STOP PAY FEE: _____

CHARGE STUDENT/VENDOR THE STOP PAY FEE? Yes No

"(If No, then provide account on next line.)"

ACCOUNT TO BE CHARGED FOR BANK STOP PAY FEE:

_____ - _____

PHONE: _____

DEPT: _____

REQUESTED BY:

Print Name

Signature

This form is to be used for Accounts Payable and Travel requests. For payroll requests, please contact your Payroll Tech.