



**UNIVERSITY OF CALIFORNIA, OFFICE OF THE PRESIDENT
ACCOUNTS PAYABLE**
REQUEST FOR CANCELLATION/STOP PAYMENT OF SUPPLIER CHECK

CHECK #: _____ **CHECK DATE:** _____ **CHECK AMOUNT:** _____

PAYEE NAME: _____

CANCEL A CHECK

Submit a check cancellation if you have the original check:

- Check may be cancelled if it has not been cashed and it is more than 180 days since the check issue date.
- Indicate on the form if a reissued check is required.

Cancel & Reissue

OR

Cancel – Do not Reissue

For cancellation, **original check** must be attached to this form and mailed to: UCOP-Business Resource Center, Accounts Payable, 1111 Franklin Street, Oakland, CA 94607

STOP PAYMENT OF A CHECK

Submit a stop payment request if you do not have a physical check and one of the conditions listed apply:

- Check was lost or the supplier never received the check.
- Check has not been cashed and it is more than 180 days since the check issue date.

Stop Pay & Reissue

OR

Stop Pay – Do not Reissue

If requesting that a check be reissued with the stop payment, please note that the new check cannot be reissued until the bank provides confirmation of processing the original stop-payment request. *Stop payments received by 2:00pm PST will be processed the same day; allow four (4) days to reissue a stop-payment check.

For stop payment, email the completed form to invoice@ucop.edu and include **STOP PAYMENT** in the subject line.

EXPLANATION FOR REQUEST

DELIVERY OF NEW CHECK

Mail to supplier using original address: _____

Mail to supplier at a different address: _____

(Must attach a revised invoice)

REQUEST PREPARED BY: _____

PREPARER EMAIL: _____ **PHONE NUMBER:** _____