

STOP PAYMENT REQUEST

OSUP/F093

11/10

FOR OSUP USE
Stop Payment Date:

FOR AGENCY USE FOR LAGOV ACCOUNTS PAYABLE VENDOR PAYMENTS			
VENDOR NO.	VENDOR NAME		
ACCOUNT NUMBER 838241362 REQUIRED SIGNED ATTACHMENT <input type="checkbox"/> OSUP/F092	CHECK NO.	NET AMOUNT	CHECK DATE
	\$		
	PAYEE NAME (PRINT LAST NAME, FIRST NAME)		
REASON FOR STOP PAYMENT (CIRCLE ONE)			
VND NEVER REC'D VND REC'D & LOST VND REC'D & DESTROYED OTHER _____			
ENDORSED?	If Endorsed, HOW? (Circle one) FOR DEPOSIT ONLY SIGNATURE ONLY OTHER _____		
AUTHORIZED SIGNATURE	DATE	PRINT AUTHORIZED NAME TELEPHONE NO. ()	

FOR OSUP USE			
PRIOR STMT ?	NO YES	<input type="checkbox"/> Check Outstanding <input type="checkbox"/> Statement Not Received	Bank Statement Dated Approved By
BANK INFORMATION (JP Morgan Chase)			
CONFIRMATION STATUS <input type="checkbox"/> Outstanding <input type="checkbox"/> Paid Date Paid:		If Paid: CD Image Printed _____ Photocopy Requested _____	
COMMENTS			
<input type="checkbox"/> AGED OUTSTANDING CHECK			