

CHECK CANCELLATION / STOP PAYMENT REQUEST - DRAFT

TO: Palisades Charter High School – Finance Office

DATE: _____

FROM: _____
(name) (dept.) (extension)

RE: CHECK#: _____ DATE: _____

PAYEE: _____ AMOUNT: _____

ACTION: (Please Complete Only One Box)

<p><input type="checkbox"/> STOP PAYMENT</p> <p><input type="checkbox"/> Do Not Reissue New Check</p> <p><input type="checkbox"/> Reissue New Check</p> <p>Address: _____ _____</p>	<p><input type="checkbox"/> CANCEL (Check Attached)</p> <p><input type="checkbox"/> Do Not Reissue New Check</p> <p><input type="checkbox"/> Reissue New Check</p> <p>Address: _____ _____</p>
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REASON: _____ Cancelled Order

_____ Duplicate Payment

_____ Incorrect Amount

_____ Incorrect Vendor

_____ Lost in the Mail

_____ Lost by Payee

_____ Merchandise Not Received

_____ Stale Date

_____ Other (Please Indicate) _____

Please Note: a fee will be assessed (current fee is \$30) to the employee on all checks cancelled through a stop payment.