CHECK CANCELLATION / STOP PAYMENT REQUEST

TO: Disbursements Office, 2195 Hearst Ave., Room 159   **DATE:**_____
       Attention: Payment Processing

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

RE: CHECK#: _____ DATE: _____

        PAYEE: _____ AMOUNT: _____

ACTION: (Please Complete Only One Box)

___**STOP PAYMENT**	___**CANCEL** (Check Attached)
___ Do Not Reissue New Check	___ Do Not Reissue New Check
___ Reissue New Check	___ Reissue New Check
Address:_____	Address:_____
_____	_____
_____	_____

REASON: _____   Cancelled Order

             _____   Duplicate Payment

             _____   Incorrect Amount

             _____   Incorrect Vendor

             _____   Lost in the Mail

             _____   Lost by Payee

             _____   Merchandise Not Received

             _____   Stale Date

             _____   Other (Please Indicate)_____

                                   _____

                                   _____