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CALIFORNIA STATE UNIVERSITY, LOS ANGELES

STOP PAYMENT / VOID CHECK REQUEST

Submit to ADM 514 for processing

VENDOR
NAME: _____

CHECK # _____ DATE ISSUED: _____

AMOUNT: \$ _____

Attach check if available

VOID & DO NOT REISSUE CHECK

VOID & REISSUE CHECK (allow 5-7 days to issue a new check)

EXPLANATION: (Attach email or other supporting documentation)

REQUESTED BY: _____ DATE: _____

SIGNATURE: _____

Controller's Office ~

Stop Payment placed by: _____ *Date:* _____

Void placed by: _____ *Date:* _____