FMIS-625

CAMPUS: _____ Page 1 of ___

DATE: ____ / ____ / ____
(MM/DD/YY)

UNIVERSITY OF HAWAII

STOP PAYMENT/CANCELLATION REQUEST

(Shaded items represent information to be completed by Central Offices. See reverse side for instructions.)

DOCUMENT NUMBER

V _____

☐ **SCREEN 110 - VOID CHECK** ☐ **SCREEN 013 - CASH DISBURSEMENT**

ENTRY NO.	VENDOR NAME	VENDOR CODE	ACCOUNT CODE	SUB CODE	BANK NO.	CHECK NO.	CHECK AMOUNT	REASON FOR STOP PAYMENT/CANCELLATION
1								
2								
3								
4								
5								
6								
7								
8								

TOTALS (All pages):

PREPARED BY: _____ (Print Name and Sign) _____ (Department) _____ (Phone) _____ (Date)

APPROVED BY: _____ (Fiscal Officer/Financial Aid Officer) _____ (Department) _____ (Phone) _____ (Date)

CENTRAL OFFICE USE ONLY

APPROVED BY: _____ (Print Name and Sign) CGMO (Office) _____ (Title) _____ (Date)

_____ (Print Name and Sign) CAO (Office) _____ (Title) _____ (Date)

_____ BATCH ID

_____ BATCH DATE

Stop Payment Required? ☐ Yes ☐ No Date: _____

Origination Date: 4/11/95

Revision Date: 03/17/99

FMIS-625

UNIVERSITY OF HAWAII

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(See reverse side for instructions.)

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ENTRY NO.	VENDOR NAME	VENDOR CODE	ACCOUNT CODE	SUB CODE	BANK NO.	CHECK NO.	CHECK AMOUNT	REASON FOR STOP PAYMENT/CANCELLATION