

## UNIVERSITY OF HAWAII STOP PAYMENT/CANCELLATION REQUEST

DATE: \_\_\_\_\_  
(MM/DD/YY)

(See reverse side for instructions)

DOCUMENT NUMBER
V

<input checked="" type="checkbox"/> <b>SCREEN 480 - VOID DCS CHECK</b>
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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
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

TOTALS (All pages):

PREPARED BY: \_\_\_\_\_  
Print Name and Sign
Department
Phone
Date

APPROVED BY: \_\_\_\_\_  
Fiscal Officer/Financial Aid Officer
Department
Phone
Date

BATCH ID
BATCH DATE

Stop Payment Required?  Yes  No Date: \_\_\_\_\_