



CARDINAL STOP PAYMENT AUTHORIZATION FORM

Department of Treasury - General Warrant

Verify check status with the Department of Treasury using the Check Indexing System or via Email, CHECKIT@TRS.VIRGINIA.GOV, prior to requesting the stop payment.

Requestor: _____ Date: _____

Business Unit Title: _____ Business Unit ID: _____

Business Unit Address: _____

Phone Number: _____ Email Address: _____

Check Number: _____ Check Date: _____ Amount: _____

Payee: _____

CARDINAL ACTION NEEDED (select one):

- Re-Open Voucher(s) / Re-issue - Select this option if the payment was lost, mutilated, etc. and no change is required for remit information (name, address).
- Do Not Re-issue / Close Liability - Select this option when the payment should not have been processed. All accounting entries (accrual and payment) are automatically reversed.
Cardinal Processor: If Cardinal indicates a voucher or vouchers associated with this payment is PO-related, please select Yes at the Message box to unmatched the voucher(s) being closed.
- Re-Open Voucher(s) / Put on Hold - Select this option when remit information (name, address) needs to be updated so it can be properly delivered and/or deposited by the vendor.

Hold Reason: _____

REASON FOR REQUEST (select one):

- | | | |
|------------------------------------------|------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Never Received | <input type="checkbox"/> Destroyed | <input type="checkbox"/> Stolen |
| <input type="checkbox"/> Incorrect Payee | <input type="checkbox"/> Lost | <input type="checkbox"/> Incorrect Payee Address |
| <input type="checkbox"/> Due Diligence | <input type="checkbox"/> Issued in Error | |

Additional Comments: _____

FISCAL OFFICER / DESIGNEE APPROVAL:

Printed Name: _____ Fiscal Officer's Phone #: _____

*Signature: _____ Date: _____

*The Original Signature must be on the Stop Payment Authorization Form filed at the Department of Treasury.

STOP PAYMENT REQUEST FORMS MUST BE EMAILED TO STOP.PAYMENTS@TRS.VIRGINIA.GOV

Treasury Use Only - STOPPED DATE: _____ **Signature:** _____

DOA Use Only - STOPPED DATE: _____ **Signature:** _____