|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | **Stop Payment Request**  **FORM MUST BE TYPED**  **Department of the Treasury – General Warrant** | | | | | | | | | | | | | | | | | |
| Verify check status via the Wells Fargo CEO on-line banking system or with the Department of the Treasury via email at  [CHECKIT@TRS.VIRGINIA.GOV](mailto:ONLINEBANKING@TRS.VIRGINIA.GOV) prior to requesting the stop payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Requestor: | | | |  | | | | | | | | | | | | | | Date: | | |  | | | | | | |
| Business Unit Name: | | | | | | | |  | | | | | | | | | | Business Unit ID *(5 digits)*: | | | | | | | | |  |
| Phone Number: | | | | | |  | | | | | | | Email Address: | | | |  | | | | | | | | | | |
| Check Number: | | | | | |  | | | | | | | Check Date: | | | |  | | | | | Amount: | | | |  | |
| Payee: | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Classification *(select one)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | VOUCHER |  | EXPENSE *(Not available for Re-open/Put on Hold action)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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).* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 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. NOTE: This option is not available for Expense transactions.* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Hold Reason: | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 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 are PO-related, please select Yes at the Message box to unmatch the voucher(s) being closed.* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reason for Request *(select one)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Never Received | | | | | | | | | | |  | | Destroyed | | | | |  | | | Stolen | | | | | |
|  | Incorrect Payee | | | | | | | | | | |  | | Lost | | | | |  | | | Incorrect Payee Address | | | | | |
|  | Due Diligence | | | | | | | | | | |  | | 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 the Treasury.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Stop Payment Request – General Warrant Must Be Emailed to Stop.Payments@TRS.virginia.gov** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treasury Use Only – Stopped Date: | | | | | | | | | | |  | | | | Signature: | | | | |  | | | | | | | |
| DOA Use Only – Stopped Date: | | | | | | | | | | |  | | | | Signature: | | | | |  | | | | | | | |
| DOA Use Only – Reviewed Date: | | | | | | | | | | |  | | | | Signature: | | | | |  | | | | | | | |