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| --- | --- |
|  | **Stop / Void Payment Request** **FORM MUST BE TYPED****Agency Petty Cash** |
| Requestor: |  | Date: |  |
| Business Unit Name: |  |
| Petty Cash Business Unit ID *(5 digits)*: |  |
| Phone Number: |  | Email Address: |  |
| Check Number: |  | Check Date: |  | Amount: |  |
| Payee: |  |
|  |
| **Payment Status *(select one)*** |
|  |
|  | Stopped with Bank |  | Check is Voided | Date: |  |
|  |
| **Cardinal Action Needed *(select one)*** |
|  |
|  | Re-Open Voucher(s) / Re-issue - *Select this option if the payment was lost or needs to be hand delivered 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.*  |
|  | 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.* |
|  |
| Additional Comments: |
|  |
|  |
| **Fiscal Officer / Designee Approval**  |
| Printed Name: |  | Fiscal Officer’s Phone #: |  |
|  |  |  |
| \*Signature: | Date: |
| *\*Your signature on this form indicates that the above check has not been cashed and you have requested a stop payment with your Petty Cash Bank or the check on hand has been voided.* |
| **Stop Payment Request – Agency Petty Cash Must Be Emailed to** **EDI@doa.virginia.gov** |
| DOA Use Only – Stopped Date: |  | Signature: |  |
|  |  |