**UNLV ACCOUNTS PAYABLE**

**CANCEL CHECK/PAYMENT REQUEST FORM**

Submit form to

**accountspayable@unlv.edu**

**Telephone**: 702-895-1157

++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

UNLV Supplier ID or UNLV Employee ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUEST TO VOID:

Payment Document Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check/Payment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the amount of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE ABOVE-REFERENCED PAYMENT REQUIRES THE FOLLOWING ATTENTION:

\_\_\_Check was issued in error. Please cancel and do not reissue.

\_\_\_Check was received but has been lost or accidentally destroyed.

\_\_\_Check was not received. Please cancel and reissue.

\_\_\_ Original address is correct

\_\_\_ Address change has been made in SREG/Payment Registration Record

\_\_\_ Payment method has been corrected or changed in SREG/Payment Registration Record

+++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Call for pickup ? Yes or No

Please note that check cancellations and reissues will be processed after two weeks from issue date.

Please allow two weeks for reissue. Thank you