

UNIVERSITY OF HAWAII
STOP PAYMENT/CANCELLATION/REISSUE REQUEST

DATE: _____
(MM/DD/YY)

ACTION REQUESTED:
 CANCEL DISBURSEMENT CANCEL & REISSUE DISBURSEMENT

DEPT DOCUMENT NO.
V _____

LINE NO.	PAYEE NAME	PAYEE ID NO.	CHART CODE	ACCOUNT NUMBER	OBJECT CODE	DISBURSEMENT NO.	DISBURSEMT DATE	NET PAYMENT AMOUNT	REASON FOR STOP PAYMENT/CANCELLATION/REISSUE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

TOTALS (All pages): _____

PREPARED BY: _____
Print Name and Sign Department Phone Date

APPROVED BY: _____
Fiscal Administrator-Print Name and Sign Department Phone Date

CENTRAL OFFICE USE ONLY

APPROVED BY: _____
Print Name and Sign Department Phone Date

Print Name and Sign Department Phone Date

KFS DOC NO.
DATE

Stop payment required? Yes No _____
Date