



UNIVERSITY OF ALASKA

CASH MANAGEMENT
email : ua-cash@alaska.edu

PAYROLL STOP PAYMENT REQUEST

Date of Request: _____

Check Number: _____ Date Issued: _____ Amount: _____

Payee: _____ UA ID# _____

Reason for stop payment request: _____

Account to be charged for bank stop payment fee: _____

Authorized by : _____

(signature)

(printed name)

Campus/Department : _____ Reissue _____

Requestor:

<p>Stop Date _____</p> <p>Approved Date _____</p> <p>Signature _____</p>
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