

Check Action Form

University of Wisconsin – Madison
Accounting Services
Suite 5301, 21 North Park Street, Madison, WI 53715-1218

***This form is used to request a Proof of Payment or Stop Payment for non-payroll checks.
You should wait 30 days from the time the check was issued to submit this form.***

Contact Information

Name: _____
Department: _____
Phone: _____
email: _____
Today's Date: _____

Check Information

Vendor Name: _____
Check Number: _____
Voucher or Expense Report Number: _____
Dollar Amount: _____ Payment Date: _____

Action Required

Proof of Payment (check image)

Stop Payment with Reissue

Reason for Reissue

Vendor has not received the check.
Check was lost/damaged/stale.
Vendor name is misspelled.
Address is incorrect. Provide correction below.

Stop Payment without Reissue

Reason for Void (Return check to AP if possible.)

Duplicate payment
Incorrect dollar amount
Wrong vendor number used
Payment made in error
Payment no longer needed

Comments

Check Handling

Call for pick-up

Mail to vendor

New Mailing Address: _____

Accounts Payable Use Only

Reissued Check Number: _____ Processed by: _____

Please return form:

email:
fileroom3@bussvc.wisc.edu

Inter-Department Mail:
Accounting Services
Attn: Pay Cycle
21 North Park Street, Suite 5301
Madison, WI 53715-1218