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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **Petty Cash Stop Payment Signature Authorization** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **General Information** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Business Unit *(5 digits)*: | |  | | | | | Agency Name: | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Employee Information** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1 |  | | | | | | |  |  | | | | | | | |
|  | Name | | | | | | | | Signature | | | | | | | |
|  | Authorization for ALL AP Business Units |  | Authorization for ONLY the following AP Business Units: | | | | | | |  | |  |  | | |  |
|  | | | | | | | | | | | | | | | | |
| 2 |  | | | | | | |  |  | | | | | | | |
|  | Name | | | | | | | | Signature | | | | | | | |
|  | Authorization for ALL AP Business Units |  | Authorization for ONLY the following AP Business Units: | | | | | | |  | |  |  | | |  |
|  | | | | | | | | | | | | | | | | |
| 3 |  | | | | | | |  |  | | | | | | | |
|  | Name | | | | | | | | Signature | | | | | | | |
|  | Authorization for ALL AP Business Units |  | Authorization for ONLY the following AP Business Units: | | | | | | |  | |  |  | | |  |
|  | | | | | | | | | | | | | | | | |
| 4 |  | | | | | | |  |  | | | | | | | |
|  | Name | | | | | | | | Signature | | | | | | | |
|  | Authorization for ALL AP Business Units |  | Authorization for ONLY the following AP Business Units: | | | | | | |  | |  |  | | |  |
|  | | | | | | | | | | | | | | | | |
| 5 |  | | | | | | |  |  | | | | | | | |
|  | Name | | | | | | | | Signature | | | | | | | |
|  | Authorization for ALL AP Business Units |  | Authorization for ONLY the following AP Business Units: | | | | | | |  | |  |  | | |  |
|  | | | | | | | | | | | | | | | | |
| **Certification / Approval** | | | | | | | | | | | | | | | | |
| *As Fiscal Officer or Designee, I grant permission to the above individual(s) to request petty cash stop payments on behalf of the named agency.* | | | | | | | | | | | | | | | | |
|  | | | | |  |  | | | | | | | |  |  | |
| Fiscal Officer or Designee | | | | | | Signature | | | | | | | | | Date | |
| *Note: If designee signs, a delegation of signing authority must be on file with Department of Accounts. This form only authorizes requests for agency petty cash checks. To authorize the stop payment of a General Warrant check, you must have a valid Stop Payment Authorization form on file with the Department of the Treasury.* | | | | | | | | | | | | | | | | |