|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | **Stop / Void Payment Request**  **FORM MUST BE TYPED**  **Agency Petty Cash** | | | | | | | | | | | | | | | | | |
| Requestor: | | |  | | | | | | | | | | | | | | Date: | |  | | | | | | | |
| Business Unit Name: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Petty Cash Business Unit ID *(5 digits)*: | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Phone Number: | | | | |  | | | | | | | Email Address: | | | |  | | | | | | | | | | |
| Check Number: | | | | |  | | | | | | | Check Date: | | | |  | | | | | Amount: | | | | |  |
| Payee: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Payment Status *(select one)*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Stopped with Bank | | | | | | |  | | Check is Voided | | | | | | | Date: | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Cardinal Action Needed *(select one)*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Re-Open Voucher(s) / Re-issue - *Select this option if the payment was lost or needs to be hand delivered and no change is required for remit information (name, address).* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Re-Open Voucher(s) / Put on Hold - *Select this option when remit information (name, address) needs to be updated so it can be properly delivered and/or deposited by the vendor.* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Hold Reason: | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | Do Not Re-issue / Close Liability - *Select this option when the payment should not have been processed. All accounting entries (accrual and payment) are automatically reversed.* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Cardinal Processor: If Cardinal indicates a voucher or vouchers associated with this payment are PO-related, please select Yes at the Message box to unmatch the voucher(s) being closed.* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fiscal Officer / Designee Approval** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Printed Name: | | | |  | | | | | | | | | | | Fiscal Officer’s Phone #: | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |  |  | | |
| \*Signature: | | | | | | | | | | | | | | | | | | | | | | | | Date: | | |
| *\*Your signature on this form indicates that the above check has not been cashed and you have requested a stop payment with your Petty Cash Bank or the check on hand has been voided.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Stop Payment Request – Agency Petty Cash Must Be Emailed to** [**EDI@doa.virginia.gov**](mailto:EDI@doa.virginia.gov) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOA Use Only – Stopped Date: | | | | | | | | | | |  | | | Signature: | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |  | | | | |