

Replace LaGov Accounts Payable Vendor Check
Original Voided check must be attached to request unless a Stop Payment is being requested

Use this form to replace (void and reissue) a LaGov vendor check when the check has been lost, stolen or destroyed. This transaction will reprint the original payment.

Vendor Information:

Vendor Name: _____

Vendor No.: _____

Check Information:

Check No.: _____

Check Date: _____

Check Amount: \$ _____

Reason for request:

Check non-negotiable

Stop payment requested (circle one) Vendor Never Rec'd Vendor Rec'd & Lost Vendor Rec'd & Destroyed
(attach OSUP/F092 and OSUP/F093)

Other: _____

Prepared By: _____

Phone Number: _____

Agency Name: _____

Agency Number: _____

For OSUP Vendor Payment Processor Use

Stop Payment Processed Date: _____ Analyst _____

New Check No: _____

LaGov REP Completed Date: _____ Analyst _____

LaGov Check Log

Comments: _____
