Reverse LaGov Accounts Payable Vendor Check/EFT

Original Voided check must be attached to request unless a Stop Payment is being requested

Use this form when a LaGov vendor payment was issued in error. This transaction can also be used to reissue a LaGov vendor EFT return.

Vendor Information

Vendor Name: ____________________________
Vendor No.: ____________________________

Check Information:

Check No.: ____________________________
Check Date: ____________________________
Check Amount: $______________________

Vendor EFT Information:

Document No.: ____________________________
Payment Date: ____________________________
Amount: $______________________

Reason for request:

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

☐ EFT Return

☐ Bank detail incorrect Date Corrections Made: ____________________________

☐ Other: ____________________________

Prepared By: ____________________________ Phone Number: ____________________________

Agency Name: ____________________________ Agency Number: ____________________________

______________________________

For OSUP Vendor Payment Processor Use

Stop Payment Processed Date: __________ Analyst ____________________________ EFT Dollar Return Date: __________

LaGov REV Completed Date: __________ Analyst ____________________________ New Document No: __________

Comments: ____________________________

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