FINANCE AND ACCOUNTING
VOID/STOP PAYMENT REQUEST - TRAVEL

The original direct deposit (ACH) must **not** exceed 5 business days or the original check date **must exceed** 10 business days, in order for the stop payment to be processed. Please send the completed electronic version of this form to travelfa@ucf.edu. Allow up to 7 business days from the receipt of this form for a replacement direct deposit (ACH) or check to be completed. If the original check is found after this request has been submitted, do not attempt to deposit it and promptly return it to the **University of Central Florida, Finance and Accounting, 12424 Research Parkway, Suite 300, Orlando, FL 32826**.

To be completed by Payee (Please Print)	To be completed by Travel:
	Please select the appropriate reason:
Payee:_____	Incorrect Check Amount Incorrect Payee
_____	Duplicate Payment Check Stolen
	Incorrect Address Check Never Received
UCF ID#:_____	Other: _____
_____	Original Check is in our possession (**check**): Yes No
Current / Correct Mailing Address	
	Voucher#_____
_____	
City State Zip Code	Check /ACH#:_____ Vendor ID#:_____
Phone #:_____	Check /ACH Amount: _____ Check/ACH Date: _____
Email Address: _____	

I acknowledge with my signature below that I accept additional banking fees charged by my banking institution, if I have attempted to cash the original check.

Requestor's Signature: _____ **Date: _____**

Requestor's Name (Print): _____

Approved by: _____ **Date: _____**

Please request UCF Financials action by selecting one of the following void types: Void/Reissue/Attachment (VRA)

Void/Hold (VH)