

Johns Hopkins Accounts Payable Shared Services

STOP PAYMENT/VOID CHECK or REISSUE REQUEST FORM

Please complete this form and submit through Service Now Ticket Portal, <https://jhuprocureprod.service-now.com>
We reserve the right to refuse ANY Request that does not have each Section completed in their entirety.

****30-day wait period from issue date for stop payments/reissues on lost/not received checks submitted to correct Payee and address****

Section 1 Please provide all information (REQUIRED)

Check Number: _____ Check Date: _____ Check Amount: _____
Vendor #: _____ Payee Name: _____
SAP Document No: _____

Section 2 Please select ONE action for AP to take (REQUIRED)

Void Only:

Reissue to **Same** Vendor #:

*** NOTE: Vendor MUST be updated prior to submitting reissue request.**

Post to **Different** Vendor #:

Vendor #: _____ (Any additional information, include in the special instruction section.)

**** NOTE: PO RELATED reissue to a different vendor, AP will repost invoices and NON-PO related, it is the Requesting Dept's responsibility to repost invoices.**

Section 3 Please select a reason below (REQUIRED)

Lost/Never Received: Duplicate Payment: Damaged: Stale Dated:

Wrong Vendor Paid: Wrong Name: Wrong Amount Paid:

Other: _____

Special Instructions:

Requested By: _____

Signature: _____

Email: _____

Phone #: _____

Date: _____