

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: _____

LaGov Check/EFT Log

Comments: _____
