Vanderburgh County

STOP PAYMENT & RE-ISSUE FORM

This form is to be used to see if a check has cleared the bank and to request a stop payment.

REQUESTOR

If you receive a call from a vendor inquiring about payment:
1. Check your records to see if you sent the claim in to the Auditor's office.
2. Check in *MUNIS* to see if check has cleared by clicking on *Departmental Functions*, *Vendor Inquiry*, *Check Inquiry*. Enter check # in the box & *accept*.
3. A **Y** in the *Clr* column means it has cleared. An **N** in the *Clr* column means it has not cleared.
4. If there's an **N**, complete this yellow section & check the box if you need a copy of the check.
5. Email form to: adchappell@vanderburghgov.org or mhart@vanderburghgov.org

CHECK NO:		CHECK DATE:		AMOUNT:	
PAYABLE TO:				VENDOR NO:	

IF CHECK HAS CLEARED THE BANK, PLEASE SEND ME A COPY OF THE FRONT AND BACK. IF NOT, PLEASE PLACE A STOP PAYMENT ON IT.

SUBMITTED BY:			DATE:	

TREASURER

Angi or Misty
1. If check has cleared the bank, check **YES** and email form with copy of check back to the requestor.
2. If check hasn't cleared, check **NO**, type your initials, the date & give form to Brian or Kim to stop payment.

Brian
3. Once the Stop Payment is placed, check the *Stop Payment Placed* box, type your initials and the date.
4. Email form to claims@vanderburghgov.org.

ANGI OR MISTY					BRIAN		
CHECK HAS CLEARED THE BANK	YES		NO		STOP PAYMENT PLACED		
PROCESSED BY:		DATE:			PROCESSED BY:		DATE:	

AUDITOR

1. Upon receipt of this form pull the original claim from file.
2. Make a copy & use that to re-issue the check. Whiteout the check & document number on the copy.
3. Attach a copy of the original check & this form to the duplicate claim.
4. Complete area below & save by *vendor name-check #-amount* in the *Stop Payment & Re-issue Form* folder.
5. After the new check is written, fill in the new check number and date, your name or initials and the date.
6. Complete the *Stop Payment* section on the *Journal Entry Form for Checks*. Name the form *Vendor Name-Check #-Amount* and save it in the *Journal Entry Forms for Stop Payments* folder.

THE CHECK LISTED IN THE ABOVE YELLOW SECTION NEEDS TO BE RE-ISSUED:

NEW CHECK NO:		RE-ISSUE DATE:	
PROCESSED BY:		DATE:	