Print Form

Delivering Excellence Every Day

Miami-Dade County
Stephen P. Clark Center
Finance Department
Accounts Payable Division
111 N.W. 1st Street - Suite 2620
Miami, Florida 33128-1995

OUTSTANDING CHECKS - STOP PAYMENT AUTHORIZATION FORM

(Departmental Use Only)

Miami-Dade County's check #_____ dated _____in the amount of $_____ payable to _____ is outstanding. **Based on research conducted** by the _____ department, *(Please check off appropriate description)*
(Name of County Dept. and employee)

_____ **1)** check was lost/not received and/or is stale dated (please circle one) by the vendor and no subsequent payment has been issued; therefore, payment is currently due. A stop payment and replacement check is hereby requested for payment as long as the vendor signs a **VENDOR LOST/STALE DATED CHECK REPLACEMENT AFFIDAVIT** and submits it to the Accounts Payable Section.

Comments: _____.

Vendor contact person: Name: _____ **Phone** _____ **Fax#** _____

_____ **2)** a subsequent payment was issued to the vendor with check or ACH # _____; therefore, this check must be voided and canceled in the system.

Comments:_____.

_____ **3)** the check was issued to an incorrect vendor; therefore, this check must be canceled and a new one issued to vendor (name) _____ vendor #_____ **Comments:** _____.

Vendor contact person: Name: _____ **phone** _____ **Fax#** _____

_____ **4)** other reason not specified above: _____.

Requested by: *(Department Supervisor)*

_____

Date:

Approved by:*(Accounts Payable, Supervisor, Controller or Assistant Controller Only)*

_____

Date: