



**OUTSTANDING CHECKS – CANCELLATION/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 \_\_\_\_\_  
from the \_\_\_\_\_ County department, we are requesting that the aforementioned  
check be:

- Cancelled/Voided *(select this option only if the original check is in Finance or will be submitted to Finance together with this form)*
- Stopped *(original check is not available)*

This check needs to be cancelled/stopped but **NO re-issue is required BECAUSE:**

- A subsequent payment was issued to the vendor/supplier with treasury # \_\_\_\_\_.
- Payment to this vendor is no longer needed *(Explain)*  
\_\_\_\_\_  
\_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This check needs to be cancelled/stopped and **re-issued**. Supporting documentation for the re-issue must be provided as applicable. The reason(s) for requesting the re-issue is/are:

- The vendor/supplier submitted an affidavit requesting re-issue. Original affidavit must be provided. *(Any change to the original payment must be acknowledged on below sections)*
- The check was issued to an incorrect vendor/supplier; therefore, this check must be fully canceled and a new one issued to: *(name vendor / supplier / individual /*



organization)
vendor/supplier # (if applicable)
individual's / institution's address

Check is staled dated and will be re-issued and mailed to a new address:

Original check payee will change because

Therefore, original check must be fully canceled and a new one issued to: (name vendor/supplier/individual/institution)
vendor/supplier # (if applicable)
individual's / institution's address

Other:

Requested and approved by: (Department Supervisor/Manager)

The reason for the cancellation/ stop payment/ re-issue has been verified.

Signature Name Date

Approved by: (Central Finance Accounts Payable Manager, Supervisor, or Compliance Specialist Only)

The form is complete and signed by the Dept. approver.

Signature Name Date