



Clerk of the Court and Comptroller of Miami-Dade County
Comptrollers Finance Operations Department

Attn: Accounts Payable

111 N.W. 1st Street, Suite 2620

Miami, FL 33128-1980

Office: (305) 375-5111

OUTSTANDING CHECKS – CANCELLATION/STOP PAYMENT AUTHORIZATION FORM

(Departmental Use Only)

_____'s check # _____ dated _____ in the amount of
(Name of the Entity who issued the check, County or CO Office)

\$ _____ payable to _____ is
outstanding. Based on research conducted by _____ from
the _____ County department/ CO Office, 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 /*



Clerk of the Court and Comptroller of Miami-Dade County
Comptrollers Finance Operations Department

Attn: Accounts Payable
111 N.W. 1st Street, Suite 2620
Miami, FL 33128-1980
Office: (305) 375-5111

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/ CO Office 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 completed and signed by the Dept. approver.

Signature *Name* *Date*