



# CITY OF ORLANDO

Accounts Payable Section  
City Hall, 4<sup>th</sup> Floor  
PO Box 4990  
Orlando, Florida 32802-4990

**Re: Stop Payment Request**

To whom it may concern,

Please stop payment on the check listed below:

Check #: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Check amount: \_\_\_\_\_

Payee: \_\_\_\_\_

Vendor #: \_\_\_\_\_

Do you want the check reissued?    Yes                       No

Reason for stop:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature required

\_\_\_\_\_  
Date

**Official Use Only:**

Date stop placed: \_\_\_\_\_

By: \_\_\_\_\_