



CITY OF ORLANDO

Accounts Payable Section
City Hall, 4th 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: _____