

Name:

Email:

Department:

PLEASE PROVIDE PAYMENT INFORMATION BELOW AND SELECT BOTH A PAYMENT AND RESISSUE ACTION						
VOUCHER#	CLAIM#	INVOICE#	PAYMENT#	WARRANT DATE	AMOUNT	SUPPLIER NAME AS
			PAYMENT	ACTION		
	EFT Reversal Select this option when a supplier payment has been made via EFT and needs to be reversed. The Payment Action form must be submitted to the Oklahoma State Treasurer within 5 business days of the transaction.					
		ion when a sup an only be used				ck and needs to be reverse ts must attach the original
	Stop Payment Select this option when a supplier payment has been made via warrant/check, the check has been lost en route to the supplier and the payment needs to be stopped. Please note that the Oklahoma State Treasurer assess a \$15.00 fee for each stop payment request. If you want the fee charged to a different chart field than what was on the original payment, please list it below. Note that if the original payment was made using SPNSR or SP490 funds, you MUST provide an alternate spread for the fee.					
	FUND	ORG	FUNCTION	ENTITY	SOURCE	PURPOSE
	Cancelled by Select this opt		ent to a supplie	r has been cano	celled by statut	e because it was not
			REISSUE	ACTION		
	Reissue Payment Check this box if the payment should be reissued. Please provide an explanation in the Reason section as to why payment should be reissued and confirm the address to which the reissued payment should sent. Note that reissued payments on certain types of funds may require supplementary documentation Accounts Payable will contact you if additional documentation is required.					
\ddress for						ppementary documentation
Address for Reissue	Accounts Paya	ble will contact	you if additiona	l documentatio	n is required.	plementary documentation