

Payment Action Request Form Instructions

Form Location

Always download the form from this location to ensure use of the most recent version of the form.
[Payment Action Request form.](#)

Complete Form

Form Section	Description and Instructions
Requestor Information Required	Provide information on the person submitting the request. Enter complete Name, Email, Phone and the date of the request (MM/DD/YY).
Department Information Required	Provide information on the department submitting the request. Enter Department Name and Organization Code (6-digit Org code assigned to this department).
Payment Information Required	<p>Provide information on the payment for which the actions is requested. Refer to Job Aid: Viewing Check Activity Using FAICHKH.</p> <p>Check Date: Date of check document (use for requesting Wires, SUA or ACH payment status only).</p> <p>Check Number: Includes Checks, Wires, SUA and ACH document number.</p> <p>Check Amount: Total amount of check.</p> <p>Payee UIN/Vendor ID: Banner system ID number assigned to vendor/payee on this payment.</p> <p>Payee Name: Individual, organization or vendor name as listed on the payment transaction.</p> <p>Verify Correct Payee Address Use this field when requesting to reissue a payment because the payee address was incorrect. Enter the correct payee address in this field. Note: Only the payee address can be changed in this field, payee names can not be changed (if the payee name was incorrect, you need to process a Cancel Payment and submit a new payment request for processing payment to the correct payee name).</p>
Banner Invoice Numbers	Some checks may have more than one invoice payment included in the check total. List each invoice document number and amount in separate fields on the form. (there might be payments for other departments included).
Action Requested	Check the appropriate option requested. (Refer to the Payment Action Requests Web page for a guide to help you identify the action to request and the reason).
Reason for Request	Check the most appropriate reason listed for your request. If you select "Other", please explain.
Payee Signature Statement Required	If the original check is not attached, the payee certification signature is required before a stop payment can be submitted for the cancel and cancel/re-establish options. Departments may sign for the payee if they have communicated and confirmed agreement with the payee through other means.
Special Instructions	Use this field to include any special notes or comments pertaining to this payment action request and Special handling request.

Submit Form

It is important to return the check for destruction attached to the form whenever possible.

- **If original check is attached:** The completed [Payment Action Request Form](#) should be printed and mailed to:
University Payables Support Operations
Illini Plaza Building, Suite 210, MC-660
1817 S. Neil Street
Champaign, IL 61820
- **If original check is not available:** The completed [Payment Action Request Form](#) should be printed, signed, scanned and sent as an e-mail attachment to UP-ARS@uillinois.edu.
- **Proof of Payment Options:** The completed [Payment Action Request Form](#) may be mailed or e-mailed as listed above.

Questions: Contact University Payables Support Operations UP-ARS@uillinois.edu.