

Payment Action Request Form

Instructions

Use this form to cancel, cancel/re-establish, or request proof of a payment.

Complete this form in one of two ways - To avoid delays in processing, fill this form out online prior to printing.

- If you have check in hand

Fill out form online, Print, Sign and then mail form and check to:

University Payables Support Operations
Illini Plaza Building, Suite 210, MC-660
1817 S. Neil Street
Champaign, IL 61820

- If you do not have the check

Fill out form online, Print, Sign, scan and then e-mail form to:

UP-ARS@uillinois.edu

Questions or Inquiries: University Payables Customer Service

E-mail: UP-ARS@uillinois.edu

Phone: (217) 333-6583 or (888) 872-9953

Date: _____

Requestor Name: _____ E-mail: _____ Phone: _____

Department/Vendor Name: _____ Department Org Code: _____

Check/Direct Deposit Information:

Date: _____

Number: _____

Amount: _____

Payee UIN/Vendor ID: _____

Payee/Vendor Name: _____

Payee Remittance Address: _____

Banner Invoice Number: _____
(not CFOAPAL)

Banner Invoice Amount: _____

Action Requested:

- Cancel Payment - Cancels payment and all associated invoice transactions.
 Cancel/Re-establish - Cancels payment and resubmits invoice transactions for payment.
 Proof of Payment - Select to receive cashed check copy or proof of ACH deposit.

Reason for Request:

- Incorrect Amount Damaged Check Lost Check Check Not Recieved Wrong Payee Address
 Cancelled Event Duplicate Payment Wrong Payee Unable to Attend
 Other Explain: _____

Comments or Special Instructions: _____

If I receive the original check, I agree not to cash the check and will return the check to the University of Illinois Payables Customer Service Center at the address above. I am aware that University of Illinois Payables is not responsible for any bank fees I may incur. I hereby certify that I am authorized to provide this response and it is accurate.

Payee/Department Requestor Signature: _____