



# POST PAYMENT REQUEST FORM

EMAIL: [AP-PROCESSING@NET.OU.EDU](mailto:AP-PROCESSING@NET.OU.EDU)

PHONE: (405) 271-2410 or FAX: (405) 271-3981

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Department: \_\_\_\_\_

## PLEASE PROVIDE PAYMENT INFORMATION BELOW AND SELECT BOTH A PAYMENT AND REISSUE ACTION.

VOUCHER #	CLAIM #	INVOICE #	PAYMENT #	WARRANT DATE	AMOUNT	SUPPLIER NAME AS LISTED IN PEOPLESFT

### 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.

**Warrant Cancellation**  
Select this option when a supplier payment has been made via warrant/check and needs to be reversed. This option can only be used if the check is in your possession. Departments must attach the original check to this request.

**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	PROGRAM	SUBCLASS	PROJECT/GRANT

**Cancelled by Statute**  
Select this option when payment to a supplier has been cancelled by statute because it was not redeemed within 90 days of issuance.

### 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 be sent. Note that reissued payments on certain types of funds may require supplementary documentation. Accounts Payable will contact you if additional documentation is required.

Address for Reissue:

\_\_\_\_\_

**No Reissue Required**  
Check this box if the payment should **not** be reissued. Please provide an explanation in the Reason section below how the payment was either paid by other means or why it is not due.

Reason:

\_\_\_\_\_