

**RUTGERS UNIVERSITY AND STUDENT ACTIVITIES BUSINESS OFFICE
613 GEORGE STREET
NEW BRUNSWICK, N.J. 08901
SERVICE REQUEST FORM**

Type of Service: _____

To: Rutgers University Student Activities Business Office Date: _____

From: _____
Officer's Name Title

_____ Account #
Dept/Organization Name

Effective immediately please issue a STOP PAYMENT/VOID CHECK

Check # _____ Payable To: _____

Amount: \$ _____ Check Date: _____

Reason For Request: _____

DO YOU WANT TO RE-ISSUE THIS CHECK? (YES) OR (NO)

Note: checks will be re-issued approximately 10 days following this receipt of this form to allow for bank processing time.

Officer's Signature

Proper Documentation Must be Attached If Applicable

For Office Use Only

Received/Approved by SABO Date

Bank Contract (Name) Date

Bank confirmation date (attach documentation)