



CHECK INQUIRY REQUEST FORM

Purpose:

This form should be used to place stop payments or to void a check at the bank (i.e., lost, stolen, duplicate, wrong vendor, etc.) and/or request a copy of a check (after the requestor has confirmed the check has been cashed in B2P or AP Views).

Date:

AP reissue check requests: Before submitting this form please confirm 1) the payee is active and 2) the Remittance Address is current. **NOTE:** If a supplier is not active or the address is not current, please update in B2P prior to submitting the form. If the remittance address is updated, please also note the updated address below.

For questions related to the B2P Supplier Portal, please contact AP_SupplierOnboarding@harvard.edu
For questions related to completing this form, please contact checkinginquiryform@harvard.edu

Check Information	Requestor Information
Type of Check:	Requested By:
Check Number:	Phone Number:
Check Date:	Department:
Check Amount:	Requested Action:
Check Payee:	

Reason for Requested Action	New Remittance Address (if applicable)	
	Address 1:	
	Address 2:	
	City:	
	State:	Zip:

Redeposit (Escheat/DCE Only)
33 Digit Billing Code:

Check Copy Request
Cleared Date:
Email Address:

How to submit completed form:

Save the form as PDF and email it to checkinginquiryform@harvard.edu. In the email subject line please use the check number referred to above.

Cash Management Use Only				
Bank stop date:	Stop Confirmed:	YES	NO	Date
AP Use Only				
Cancel Date:	Reissue Date:			