

# FAX REQUEST for Stop Payment/Reissue

DGS-200 (Rev 3/23/06)

## Send to FAX # (916) 376-5165

Department of General Services  
SRF Fiscal Services IMS Z-1  
707 Third Street 10th Floor  
West Sacramento CA 95605

## ACCOUNTING USE ONLY

Date

AFS 203 sent to SRF for stop payment \_\_\_\_\_  
STD 435 sent to SCO for stop payment \_\_\_\_\_  
STD 432 sent to STO for stop payment \_\_\_\_\_

### By sending this FAX REQUEST, I confirm that the following action was taken:

- 1 It has been **20 days** from the **date** of the SCO Warrant or the Revolving Fund (RF) Check.
- 2 ABMS on-line **View Invoices Summary** indicates that the Revolving Fund Check is **negotiable** (has **not** been cashed).  
*Note: Since the status of SCO warrants cannot be determined in ABMS, SRF Fiscal Services will notify SCO for status of warrant.*
- 3 The supplier has been informed that if they receive the **missing warrant or check later in the mail**, that they will **not** be able to cash it after a **STOP** payment has been issued. The **REISSUE** may take up to 30 days.

Issue **STOP** Payment and **REISSUE** warrant/check.

Issue **STOP** Payment only (**NO** reissue)

Supplier's Name in ABMS \_\_\_\_\_

Supplier's Invoice # (s) \_\_\_\_\_

Supplier's Invoice Date (s) \_\_\_\_\_

**TOTAL** Warrant/Check Amount \$ \_\_\_\_\_

**Claim Schedule #** \_\_\_\_\_  
(8 digits)

**SCO Warrant #** \_\_\_\_\_  
(7 digits)

**SCO Warrant Date** \_\_\_\_\_

**RF Check #** \_\_\_\_\_  
(6 digits)

**RF Check Date** \_\_\_\_\_

**Please update Supplier's Mailing Address in ABMS:**

**OLD** mailing address in ABMS \_\_\_\_\_

**NEW** mailing address per invoice \_\_\_\_\_

## FROM

Date \_\_\_\_\_

Employee Name \_\_\_\_\_

DGS Office Name \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Fax # ( ) \_\_\_\_\_