Print RESET

STATE OF ARIZONA
WARRANT STOP PAYMENT REQUEST FORM

INSTRUCTIONS TO STATE AGENCY TO COMPLETE THIS FORM:

1. To stop the payment of a warrant issued by the State of Arizona, all information below must be completed.
2. Fax and return the completed original form to the General Accounting Office:

Fax to: (602) 542-7066 Attention AWR
Mail or deliver to: Arizona Department of Administration
General Accounting Office/AWR
100 N. 15th Ave. Suite 302
Phoenix, AZ 85007

Requests received after 3:00 pm will be processed the next business day.

WARRANT INFORMATION SECTION

Will a 'Warrant Replacement Request Certification Form' (GAO-6) be sent to the General Accounting Office? YES ☐ NO ☐			
Requesting Agency 3 Digit AFIS Code:	Warrant 9 Digit Number:	Warrant Issue Date: (mm/dd/yy)	Warrant Expiration Date: (mm/dd/yy)
Payee or Vendor Name:			Warrant Amount $:
Reason for Stopping the Payment:			

AGENCY SIGNATURE AUTHORIZATION SECTION

Requestor's Printed Name:	Requestor's Title:	
Requestor's Signature:	Date: (mm/dd/yy)	Requestor's Phone Number:
Supervisor's Printed Name:	Supervisor's Title:	
Supervisor's Signature:	Date: (mm/dd/yy)	Supervisor's Phone Number:

GAO/AWR SECTION

Vendor Number:	AWR Stop Date: (mm/dd/yy)	Name of GAO Staff:
Bank Confirmation: (mm/dd/yy)	Notes:	