UNIVERSITY OF CAMBRIDGE					
Payment cancellation Form				Lost	
-				Cancelled	
If this form is for a cancellat why you wish this cheque to	ion, please give a brief de be cancelled	scription as to			
Department code:	_				
Payee name :	. <u></u>				
Supplier No				_	
Details of cheque	Cheque Num	nber			
	Amount				
Cheque currency	_				
Replacement cheque require	ed: * Note 2	Yes / No			
Payment to be replaced by I					
Invoice to be cancelled					
Invoice to be paid by BACS:	* Note 4				
Applicant:			Date:		
Contact No					
Authorisation			Date:		
Name					
* Note 1 - Please email this pay	ment cancellation form to U	IFS_Payments@admin.co	am.ac.uk		
* Note 2 - Please return the ori	ginal cheque where possible	e as we may be charged o	a fee by the b	ank for stopping	the cheque
* Note 3 - Please note only USI Please submit the IPO	D and GBP (being paid to a f request to Shared Services a				
* Note 4 - Please note only GB	P cheques paid to a UK accou	unt can be replaced by B	acs payments	5	
	e guidance on filling out the conversion of the				
Finance Divison only	Signature	D	ate		
Cheque cancelled					
Invoice cancelled					