# Payment Cancellation Form

If this form is for a cancellation, please give a brief description as to why you wish this cheque to be cancelled:


**Department Code:**


**Payee Name:**


**Supplier No:**


**Original Payment Method:**

- [ ] BACS
- [ ] Cheque

**Details of Cheque/BACS to be cancelled:**

- [ ] Cheque/BACS Number
- [ ] Amount

**Cheque Currency:**


**Replacement Cheque required:**

- [ ] Yes
- [ ] No

**Payment to be replaced by IPO:**

- [ ] Note 2

**Invoice to be cancelled:**


**Applicant:**


**Date:**


**Contact No:**


**Authorisation:**


**Date:**


**Name:**


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*Note 1 - Please email this payment cancellation form to UFS_Payments@admin.cam.ac.uk*

*Note 2 - Please enclose the original cheque where possible as we will be charged an admin fee by the bank for lost cheques*

*Note 3 - Where payment is to be replaced by IPO - Pay Group must be amended to "Transfer (T)" if currency involved is USD or Euro. Departments must then submit the request to the Cashier.*

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**Finance Division Only**

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<thead>
<tr>
<th>Cheque Cancelled</th>
<th>Signature</th>
<th>Date</th>
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