REQUEST A STOP PAYMENT ON A CHECK. I UNDERSTAND THAT IF THE
IS A STOP PAYMENT FEE, I WILL PAY THE COST.

NOTE: REQUISITION NO. IS REQUIRED. REQ.#

<table>
<thead>
<tr>
<th>Check #</th>
<th>Amount</th>
<th>Date of Ck</th>
<th>Payable to:</th>
<th>Reason for Stop Payment</th>
</tr>
</thead>
<tbody>
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</table>

Note: If check is lost/incorrect address, please correct address.

Requested By: ____________________________

Approved By: ____________________________
ACCOUNTING DEPARTMENT

II. REISSUE CHECK:

YES

Please reissue the above check. A stop payment has been placed on the check.

ORIGINAL CHECK VOIED IN SYSTEM. INITIAL

CHECK REISSUED. INITIAL

AFTER COMPLETING FORM RETURN TO GENERAL ACCOUNTANT.

Reviewed By: ____________________________

Prepared by Clayton D. Monroe