\*\*PLEASE CANCEL\*\*

|  |
| --- |
| State of Kansas |
| Department of Administration |
| DA-7ach (Rev. 02.2013) |

**DATE:**

**TO:** Shelly Flint

 Financial Systems Desk

**FROM:**

**SUBJECT:** ACH Cancellation request

Please cancel the following:

Business Unit Number:

Payment Ref #:

Voucher #:

Payee Name:

SMART Vendor ID:

Issue Date:

Check Amount:

***REINSTATE PO (encumbrance):***

***If yes, PO number:***

Reason for cancellation: