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STOP PAYMENT (STPPMT) FORM INSTRUCTIONS	1

STARS USER MANUAL

STOP PAYMENT (STPPMT) FORM INSTRUCTIONS

Send the form to:

State Controller's Office
Division of Statewide Accounting
4th Floor, Joe R. Williams Building
P.O. Box 83720
Boise, ID 83720-0011
Fax: 334-3415; E-mail: dsahelp@scs.idaho.gov

The table below describes the fields on the Stop Payment (STPPMT) form

Data Element	Description
AGENCY NAME	The name of the agency that issued the warrant.
AGENCY CODE	Your three-digit agency code. If this is a payroll warrant, the agency code should be 142.
CONTACT NAME	The person to contact for questions regarding the stop payment or lift.
PHONE #	Phone number of the contact person.
DATE	Current date.
WARRANT STOP PAYMENT or LIFT	Mark this field if you wish to stop a payment on a warrant. Mark the lift field if the warrant is found and the warrant status is S for stop payment.
ROTARY STOP PAYMENT or LIFT	Mark this field if you wish to stop the payment on a rotary sight draft. Mark the lift field if the sight draft is found. NOTE: Rotary stop payments do not process through STARS. Only rotary redemptions show on STARS.
WARRANT NUMBER	The nine-digit warrant number or your rotary sight draft number.
AMOUNT	The amount of the warrant or rotary sight draft.

Data Element	Description
DATE OF ISSUE	The issue date of the warrant or rotary sight draft.
NAME OF PAYEE	The payee name on the warrant or rotary sight draft.
REASONS FOR STOP PAYMENT or LIFT	The reason you are putting a stop on the warrant or rotary sight draft. If this is lifting the stop payment, fill in the reason you are lifting the stop payment.
ROTARY FUND	The four-digit rotary fund number of the sight draft. Leave blank if you are working with a warrant.
AUTHORIZED BY	The person in your agency responsible for stop payments or lifts.