**Email completed form to** [**P2P\_Answer\_Center@Lilly.com**](mailto:P2P_Answer_Center@Lilly.com)

**Requestor:** Enter Name

**Email:**  Enter Email Address

**Date:**  Enter Date

**Please check one**:

**Void Check** (Attach copy of voided check).

Affiliate finance signature (confirms voided check has been defaced & retained locally)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature Required) (Printed name)

**Stop Check** (I do not have the original check).

**Please provide check information**:

**Check #:**  Enter Check #

**Check Date:**  Enter Date

**Check Amount:**  $ Enter Check Amount

**Vendor/Customer Name:**  Enter Vendor/Customer Name

**Re-issue payment required?** Choose an item.

**If no,** why is this payment no longer an obligation of Lilly (i.e. event cancelled, service not rendered, duplicate—provide details of duplicate etc.)?

Enter explanation here

**If yes,** what is the reason for the stop/void? Choose an item.

If “Other”, enter explanation here

Lilly’s preferred method of payment is electronic (ACH or Wire). Please provide vendor’s bank details on company letterhead or the [Electronic Payment Enrollment Form](http://supplierportal.lilly.com/SiteCollectionDocuments/Electronic_Payment_Enrollment_Form.docx).

**Form of re-issued payment**: Choose an item.

**Mail Check**: Choose an item.

**Address change required?** Choose an item.

If yes, include new address below. If request is initiated by a Lilly/Elanco employee, attach new

address support received directly from payee ( i.e. email direct from payee or address change on company letterhead).

Enter correct address here