



Void Check Request

Check Details

Check Number: _____ Check Date: _____ Amount: _____

Payee: _____

Originating Department: _____

Contact Phone Number: _____

Void Check

Advance Not Used Please Explain: _____

Issued in Error Please Explain: _____

Invoice Paid on Another Check Check Number: _____ Check Date: _____

Other Please Explain: _____

Unclaimed Property (check still owed, cannot locate payee)

Issued to Wrong Payee

Issued in the Wrong Amount

Void and Reissue Check

Check Damaged Check Lost

Check Stale Dated Check Never Received by Payee

Send Check To: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Signature

Name(Print Name) Date Signature

Attach the check and send to Accounts Payable, Bole Hall.