

VOID CHECK REQUEST

REQUEST DATE: _____

BOOKKEEPER: _____

CHECK ALL THAT APPLY:

STOP

PAYMENT GENERAL FUND

VOID & REISSUE SA FUND

VOID & DELETE

STOP PAYMENT

SKIP THIS STEP IF ORIGINAL CHECK IS ATTACHED

CHECK NUMBER: _____

CHECK AMOUNT: \$ _____

VENDOR NAME: _____

DATE PAID: _____

REASON FOR STOP PAYMENT:

STOP PAYMENT # ISSUED BY BANK:

COMPLETED BY: _____

DATE: _____

VOID CHECK, MAKE CORRECTIONS & REISSUE CHECK

ATTACH COPY OF REISSUED CHECK

RE-ISSUE TO SAME VENDOR: # _____

AMOUNT: \$

RE-ISSUE TO NEW VENDOR: # _____

AMOUNT: \$

INVOICE / BATCH TYPE: _____

INVOICE DUE DATE: _____

NEW CHECK AMOUNT: \$ _____

SPECIAL INSTRUCTIONS:

LEAVE PO OPEN?

YES

NO

NA

COMPLETED BY: _____

DATE: _____

STOP PAYMENT

SKIP THIS STEP IF ORIGINAL CHECK IS ATTACHED

VOID CHECK & DELETE ALL INVOICES

REASON:	SERVICES / GOODS NOT RECEIVED	<input type="checkbox"/>				
	OTHER - PROVIDE DETAILS	<input type="checkbox"/>				
DETAILS:	_____					
LEAVE PO OPEN?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	NA	<input type="checkbox"/>
	R UNCLAIMED PROPERTY LIAB. ACCT.					
COMPLETED BY:	_____			DATE:	_____	