SONOMA COUNTY OFFICE OF EDUCATION – BUSINESS SERVICES

ACCOUNTS PAYABLE/COMMERCIAL CHECK STATUS & CANCELLATION REQUEST

(Including Voluntary Deduction Checks)

LEA NAME AND NUMBER: _____

CHECK NUMBER: _____

(ATTACH A COPY OF CHECK OR SNAP SHOT)

CHECK DATE: _____

CHECK AMOUNT: _____

PAYEE: _____

IF CHECK NOT CLEARED, STOP PAYMENT: ☐ YES or ☐ NO

EMAIL AP/COMMERCIAL check status requests to: sgraves@scoe.org

Voids do not require the top portion of this form to be filled out**(only if the check never left your office)**

CBO AUTHORIZATION: _____ DATE:_____

IF STOP PAYMENT, COMPLETE THE PORTION BELOW TO CANCEL

CANCELLATION REQUEST

(Including Voids, Vol Deds and Stop Payments)

BUDGET ACCOUNT DISTRIBUTION: _____

_____

DESCRIPTION (REASON FOR CANCELLATION): _____

DISTRICT NAME AND ORG NUMBER: _____DATE:_____

CBO AUTHORIZATION : _____

PRINT NAME: _____

COMPLETE AND EMAIL TO: sgraves@scoe.org