ACCOUNTS PAYABLE DEPARTMENT
REQUEST TO VOID CHECK

Check Number: _____   Check Date: _____   Check Amount: _____

Requested By: _____   Request Date: _____

Vendor Name: _____   Vendor Number: _____

Purchase Order: _____

Is check attached?   YES
                       NO   *Must wait 7-10 business days to re-issue*

Reason for Void: _____

_____

FOR FINANCE OFFICE USE ONLY

Bank Void Date _____   AP Clerk: _____

eFinance Void Date _____   Supervisor Initials: _____

Re-issue Check: YES   Re-issue Date: _____

                    NO   PO Close Date for Non Re-issue: _____

*Please attach copy of invoice or supporting document.