SPRING INDEPENDENT SCHOOL DISTRICT
ACCOUNTS PAYABLE DEPARTMENT

REQUEST TO VOID CHECK

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

Requested By: _____ Request Date: _____

Vendor Name & #: _____

Purchase Order: _____

Is check attached: YES

NO ***Must wait 7-10 business days to re-issue***

Reason for Void: _____

_____

Void Date in Bank: _____ Accounts Payable Clerk: _____

Void Date in System: Supervisor Initials:

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

NO PO Close Date for **NON** Re-issue: _____

A/P Clerk Initials _____

Please attach copy of invoice and supporting document.