

REQUEST TO VOID CHECK (WARRANT)

Date:	Requested by:	Dept.:
Warrant # _____		Issued Date _____
Vendor # _____		Voucher # _____
Vendor Name _____		Amount: _____
Vendor Address _____		<input type="checkbox"/> Void and reissue
		<input type="checkbox"/> Void put on hold
		<input type="checkbox"/> Void do not reissue

Reason for Void:

<input type="checkbox"/>	Stale Dated
<input type="checkbox"/>	Lost in the mail
<input type="checkbox"/>	Issued to wrong address
<input type="checkbox"/>	Issued to wrong Vendor
<input type="checkbox"/>	Other

(explain other) _____

Please forward to Fiscal Services for approval

FS Approval/Date _____

William Morrison, AP Supervisor

Palomar College

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