REQUEST TO VOID CHECK (WARRANT)
Attach original check, affidavit for replacement, or petition

Requested By: _____   Date: _____

Department: _____

Warrant #: _____   Issue Date: _____

Vendor #: _____   Voucher #: _____

Vendor Name: _____   Amount: _____

Student ID #:_____
(if applicable)

Reason for Void:

☐ Stale Dated
☐ Lost in the mail
☐ Issued to wrong address
☐ Issued to wrong vendor
☐ Other: _____

SF Vendor (Student Check):

☐ Void and re-issue
☐ Void and do not reissue
(Reverse SF voucher)

AP Vendor:

☐ Void and re-issue
☐ Void and do not re-issue (No PO)
☐ Void and do not re-issue (w/ PO)
PO#:_____
☐ Return funds to Budget Pool
☐ Do not return funds to Budget Pool

Fiscal Services: _____   Date: _____
AP Supervisor/Cashier Supervisor

Please forward to Fiscal Services for approval.