Texas A&M University-Corpus Christi Request for Void/Check Replacement

This form is used to void a voucher and request a replacement check. If there has been a change in the vendor address or amount a new voucher create form must be submitted.

(To utilize the fillable fields, download the form and open it in Adobe)

	Vendor Name:			Voucher Number:	
	Vendor ID# :			Check Number:	
	Address:			Check Date:	
	City, State, Zip:			Check Amount:	
	Check is being voided for the fol	lowing reason(s):			
	Check Was Lost	Check Was Lost Check is Stale D		Wrong Amount	
	Wrong Address	Wrong Vendor			
	Other (explain)				
	Check Requires the Following Ad	ction:			
	Void & Reissue	Void & No Reissue	Void	& Reissued by Business Office on:	
	Comments				
	Person Completing Form		Ext.	Date	
	Void/Reissue Approved by		Ext.	Date	
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		ACCOUNTING/ACCOUN	NTS PAYAB	LE USE ONLY	
	Check to be voided/replaced:				
	Financial Aid	Prior Period Check			
	Student Refund	Regular Payable Check			
	Stan Dayment leaved on	D.			
	Stop Payment Issued on	Ву			
	Department Contacted			Date	
	VOID/REISSUE APPROVED B	Y		Date	
	VOIDED BY			Date	
	NEW VOLICHED NUMBER			Date	