

Request to Void Check

TCNJ
 FOUNDATION
 TSCC
 STUDENT

PAYEE'S NAME _____

DATE _____ CHECK/ACH No. _____

INVOICE # _____

AMOUNT \$ _____

REASON/REQUESTED BY: _____

APPROVED / DATE _____

-----**FOR AP USE ONLY**-----

- Address Add / Update
 ACH Add / Update

Void/Reissue

Void/Reissue	Payment Method Updated	Change Address Y/N	Payee/ Dept Notified	Date Reissued	Supervisor Approval
Stop Payment Conf _____					
Void _____					
Pay Post _____	ACH <input type="checkbox"/> Check <input type="checkbox"/>	(new address)	Yes <input type="checkbox"/> No <input type="checkbox"/>	mm/dd/yy <input style="width: 100%;" type="text"/> Reissue Check # <input style="width: 100%;" type="text"/>	Operator Initials: Date _____

Void/Do Not Reissue

Part 1	Part 2	Part 3	Voucher Re-Entered	ACH Cancelled CEO	Supervisor Approval
Void _____ Pay Post _____	Voucher Budget Check _____	Voucher Post _____	Payee Name:	Date Cancelled _____	Operator Initials: Date _____