

VOID CHECK PROCESS

Check Number: _____ Amount: _____
Check Date: _____ Voucher #: _____
Term: _____
Payee: _____

Account Number: _____
30 Troy General Fund _____
ZA Foundation General Fund _____
YB Athletic (Foundation) _____

AP Type: _____

Reason for Void:

(Your initials & date)

Please check to left the action to be taken:
Initial & date when action completed

_____	*Stop Payment	_____	_____
_____	Void Check	_____	_____
_____	Void Voucher	_____	_____
_____	To Be Re-issued	_____	_____
_____	Send paperwork back to Accounts Payable	_____	_____

Please indicate here if payee name or amount needs to be changed

Please indicate here who check needs to be returned to

*Expect all stop payments transactions to take 10-12 days.