Complete this form in its entirety and submit to Financial Services. If you are completing this form on behalf of the payee, supporting documents must be attached indicating the payee’s wish to have the check cancelled. Allow 10 business days for the cancellation and reissuance (if applicable).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PLEASE PRINT** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| * **REQUESTOR CONTACT INFORMATION:** | | | | | | | | | | | | | | | | | | | | |
| Date of Request: | | | | |  | |  | | | | | | | | Requestor ULID: | |  | |
| Requestor Name: | | | | |  | | | | | | | Requestor Phone: | | |  | | | |
| Requestor Dept: | | | | |  | | | | | | | Requestor Email: | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| * **CHECK INFORMATION:** | | | | | | | | | | | | | | | | | | | | |
| Check Number: | | | | |  | | | | Check Date: |  | | | | Check Amount: | |  | | |
| Payee Name: | | | | |  | | | | | | | | | Payee ID (Vendor #): | | |  | |
| Bank: | |  | AP – Accounts Payable | | | | |
|  | |  | PR – Payroll | | | | |
|  | |  | AR – Student Refund | | | | |
| * **REASON FOR REQUEST:** | | | | | | | | | | | | | | | | | | | | |
|  | Payee did not receive the check in the mail and is requesting a new check to be re-issued and mailed. The current mailing address has been provided and verified by the payee in the comments below. (Attach email/letter from payee for confirmation). | | | | | | | | | | | | | | | | | |
|  | Payee misplaced the check or the check has been damaged and is requesting a new check to be re-issued. Payee will pick up check from the requesting department (Only applies to student refunds and student payroll). | | | | | | | | | | | | | | | | | |
|  | Check issued was a duplicate payment to payee. Check will not be re-issued. (Attach original check). | | | | | | | | | | | | | | | | | |
|  | Check was issued with an incorrect amount to payee and the payee is requesting a new check to be re-issued and mailed. (Attach email/letter from payee for confirmation and original check). | | | | | | | | | | | | | | | | | |
|  | Other reason. (Provide details in the comments below). | | | | | | | | | |  | | | | | | | |
| Comments: | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| *I have read and understand the instructions included with this form. I further understand that there is a 10 day processing window for this request, which includes check reissuance, if applicable.* | | | | | | | | | | | | | | | | | | | | |
| Requestor Signature | | | | | | |  | | | | | | |  | | | Date | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | |
| **OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE** | | | | | | | | | | | | | | |
| **BANK CANCELLATION APPROVAL:**  Completed by Financial Services - Comptroller’s Office | | | | | | | **BANK/BANNER CANCELLATION:**  Completed by Payroll | | | **BANNER REISSUANCE:**  Completed by Accounts Payable | | | | |
|  | Confirm check data in Banner. | | Check | | | |  | Process Stop Payment/Cancellation | |  | Check / DD re-issued | | | |
|  | Confirm check does not appear on the | | Cancellation Info | | | |  | via bank. | |  | | New Doc #: |  | |
|  | returned, stopped, void, or clear lists. | | Re-establish? | | | |  | Attach bank stop / cancellation | |  | | Check Date: |  | |
|  | Confirm check is outstanding in online | |  | Yes | |  |  | confirmation. | |  | Invoice re-issued | | | |
|  | banking system. | |  |  | Check | |  | Process Check Cancellation in Banner. | |  | | New Doc #: |  | |
|  | Initial when complete and okay to | |  |  | ACH | |  | Initial when complete. |  |  | Initial when complete. | | |  |
|  | Process check cancellation. |  |  | No | | |  | Route to Accounts Payable or | |  | Route to Comptroller’s Office | | | |
|  | Route to Payroll. | |  | | | |  | Director of Administrative Services. | |  |  | | | |