TO: ________________________________

FROM: ________________________________

DATE: ________________________________

RE: Void Payments/Reverse Vouchers

Please void the attached check/wire with the following information:

Check/Wire #: ____________ Date: ____________
Amount: ____________ Voucher #: ____________
Vendor #: ____________ Vendor: ____________
Void Reissue: ____________ Cancel: ____________
New Ck #: ____________ Ck Date: ____________

Reason for void/reversal: ________________________________

Requested by: ____________
Department: ____________