

REQUEST TO VOID AN ACTIVITY FUND CHECK

STOP PAYMENT REQUESTED: ____ YES ____ NO

Date of Request: _____

School: _____

Check Payable to: _____

Date of Check: _____

Amount of Check: \$_____

Check Number: _____

Budget Unit: _____

Object Account: _____

Description: _____

Reason for Voiding:

****Attach supporting documentation including copy of original check or check stub and any additional information to validate the request.***

Replacement check Issued: Yes or No

Replacement Check Number: _____

Requested By: _____
Bookkeeper

Voided By: _____
Staff Accountant

Approved By: _____
Director of Accounting and Auditing