



Void Check Request Form

Today's Date:

Check Number: Payee Name:

Amount \$ Check Date:

and credit the account(s) below:

6 digit GL account # & 4 digit acct control #

6 digit GL account # & 4 digit acct control #

6 digit SL account # & 4 digit sub-object code #

6 digit SL account # & 4 digit sub-object code #

(If additional accounts need to be credited, please attach a continuation page).

Check reason for voiding check: **(Required Field)**

Duplicate Payment Issued to Wrong Payee Wrong Address Wrong Amount

NOTE: The Controller's Office will create a journal entry crediting the above account(s) and voiding the original check. **The original check must be attached.** If you do not have the original check, please go to the Cancel or Stop Payment on UM issued checks section of the [Controller's Office Forms page](#) and review the FAQ on stop payments and replacement checks before using the Request to Place a Stop Payment form.

Submitted by:

Signature:

Name:

Department:

UM telephone:

Inter-Office to:

Mr. Noel Guevara

Controller's Office

150 Gables One Tower – Loc. 2912, Coral Gables Campus

(305) 284-5198

Controller's Office (Rev 11/2014)