

FAMILY RESOURCE AGENCY  
VOID CHECK REQUEST FORM

DATE: \_\_\_\_\_

CHECK # VOIDED:	
AMOUNT OF VOIDED CHECK:	\$
DATE OF VOIDED CHECK:	
PAYEE OF VOIDED CHECK:	
A/C CODED TO:	

INVOICE SESSION #:	API	
VOIDED CHECK SESSION #:	VCK	
REVERSE AP SESSION #:	APR	

REPLACEMENT CHECK ISSUED:	
DATE OF REPLACEMENT CHECK:	
PAYEE OF REPLACEMENT CHECK:	
AMOUNT OF REPLACEMENT CHECK:	\$
ACCT # REPLACEMENT CHECK CODED TO:	

REASON FOR VOID:

REQUESTED BY:	
VOIDED BY:	