



VOID/REISSUE FORM

PAYROLL# _____ VENDOR# _____

ORIG G/L# _____

DOCUMENT # _____ INVOICE # _____

PAYEE NAME _____

ADDRESS _____

PHONE # _____

CHECK # _____

DATE: _____

AMOUNT: \$ _____

REPLACEMENT **YES** OR **NO** (circle one)

REASON FOR STOP: _____

SIGNATURE & DATE: _____

Name

Signature

Date

******* TREASURERS'S OFFICE ONLY *******

DATE STOPPED @ BANK/PLACED BY: _____