SOFAS Check Cancellation Request

Requester Organization Information		
Organiz	zation Name:	
Organiz	zation #:	
Date of	Request:	
Name o	of Requester:	
	Cano	celled Check Information
Payee	Name:	
Check #:		
Organization #:		
Voucher #:		
Amoun	 t:	
Ref #:		
Reason for Cancel:		
Requesters Signature Date		
		formation- if requested
_	ou like a Reissue?	
Would you like the Reissue check picked up or mailed? If mailed what address?		
	Dlagge email	l request to sefec@ku edu
		request to sofas@ku.edu
	Add check to cancellation excel sheet	and Reissue Process – SOFAS office only
	Cancel check in singlepoint Date sent to FACC:	Request completed by:
	FACC to cancel checks in PeopleSoft	
	·	Completed by:
	If reissue:	
	Submit voucher request form for reissue with info from original request	
	•	Reference #:
	Once check is issued send confirmation	
	Date issued:	Reissue check #:
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