

**Request for Copy of Cancelled Check Form**

**Form Use:** Internal form used to request a copy of a cancelled check. Please allow 5-7 days for your request to be processed by the Accounts Payable Office.

- Mail copy of cancelled check in campus mail
- Call \_\_\_\_\_ (name) at \_\_\_\_\_ for pick up
- Fax to ext. \_\_\_\_\_

DATE :

Check# (Required)	<input type="text"/>
Check Date (Required)	<input type="text"/>
Check Amount (Required)	<input type="text"/>
Vendor Name (Required)	<input type="text"/>
Banner ID#	N <input type="text"/>

**Comments/Special Instructions** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requestor's Name	<input type="text"/>		
Requestor's Signature	<input type="text"/>		
Department	<input type="text"/>	Ext	<input type="text"/>

**Please Forward To:  
Accounts Payable Office  
Bldg. 1/Room 1244  
  
Or Fax to Ext. 2032**