

CHECK CANCELLATION INPUT FORM

AGENCY NAME:	AGENCY NUMBER:
ACCOUNTING PERIOD:	BANK CODE:

CANCEL TYPE 1 - VOID AND REISSUE

VENDOR CODE	EFT IND	CHECK NUMBER	MW NUMBER	CASH ACCOUNT	CHECK DATE	CHECK AMOUNT

REASON FOR CANCELLATION:

CANCEL TYPE 3 - VOID DO NOT REISSUE

VENDOR CODE	EFT IND	CHECK NUMBER	REVENUE CODE	CASH ACCOUNT	J1 NUMBER	CHECK AMOUNT

REASON FOR CANCELLATION:

PREPARED BY: _____

APPROVED BY: _____

DATE: _____

DATE: _____

PHONE NUMBER: _____

PHONE NUMBER: _____