VOID CHECK REQUEST - FUNDS NOT DUE TO PAYEE

OFFICE OF STATE TREASURER

SFN 54494 (10-2008)

Clear Fields

This form should only be used to void a check that has been issued to a payee who is not rightfully owed the funds. Prior to preparing this form the Agency must take reasonable measures to either obtain the original check or a Check Replacement (SFN 2025) used as an affidavit of a lost or destroyed check from the payee. In the event the check or affidavit is not obtained, this form is to be used to record and document evidence identifying that the check to be voided is not due to the payee.

Check Payable To	Date Issued	Check Number
Payee Address	Agency	Amount
Describe the measures taken and result of your efforts to recover the check or obtain an affidavit for a lost or destroyed check:		
Describe the reason the check is not due to payee and should be voided:		

We recommend that the agency maintain other relevant documentation such as payee's last known address, SSN or TIN, name of relative, etc. This information will be helpful in the recovery of funds if the check is ever cashed. Please Note: If the above check is cashed the originating agency is required to reimburse the Office of State Treasurer for the amount of the check regardless of whether the agency is able to recover the funds from the payee.

Form Completed By (Print Name)	Signature	Date

Based upon the information provided, I concur the above-mentioned check is not rightfully due to the payee and therefore should be voided. In the event this check is cashed our agency will reimburse the General Fund.

Division Director (Print Name)	Signature	Date
Deputy State Treasurer		Date