VOID CHECK REQUEST

OFFICE OF STATE TREASURER

SFN 54494 (1-2017)

Clear Fields

This form should be used to void a check that has been issued to a payee who is not rightfully owed the funds. It can also be used in circumstances in which a check is lost or accidentally destroyed before mailing to the payee. Prior to preparing this form the Agency must take reasonable measures to either obtain the original check or a Check Replacement Agreement (SFN 2025) from the payee. In the event the check or Agreement is not obtained, this form is to be used to document evidence identifying the check to be voided.

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 Agreement 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.

Individual Completing Form

Name (Print)	Signature	Date

Office of State Treasurer Approval

Name (Print)	Signature	Date