



# Accounts Payable Cancel Check Form

*Instructions: Complete all fields on this form, attach the check to the form, and send to Accounts Payable.*

Today's Date: \_\_\_\_\_

**Contact Information:**

Contact Name: \_\_\_\_\_

Contact Dept : \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

**Action Requested:**

- Cancel check and reissue
- Cancel check with NO reissue

**Check Information:**

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_

Check Payee: \_\_\_\_\_

Explanation:          
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