CONTROLLER'S OFFICE
FLORIDA A&M UNIVERSITY

TO: _____

FROM: _____

DATE: _____

RE: Void Payments/Reverse Vouchers

_____   Please void the attached check/wire with the following information:

_____   Please reverse this voucher with the following information:

Check/Wire #:	_____	Date:	_____
Amount:	_____	Voucher #:	_____
Vendor #:	_____	Vendor:	_____
Void Reissue	_____	Cancel	_____
New Ck #	_____	Ck Date:	_____

Reason for void/reversal: _____

_____

Requested by: _____

Department: _____

TO BE USED BY GENERAL ACCOUNTING
ONLY
Date Entered: _____
Entered By: _____