

GENERAL ACCOUNTINGPHONE: 713-500-4925
FAX: 713-500-4962**TREASURY MANAGEMENT**PHONE: 713-500-4944
FAX: 713-500-4962**CANCEL CHECK, EFT, WIRE REQUEST FORM**

CHECK/ EFT/WIR NUMBER TO BE CANCELLED:	
VENDOR:	
VOUCHER(s) #:	
VENDOR ID:	
AMOUNT:	

Brief explanation for cancellation:*(INCORRECT VENDOR NUMBER USED MUST BE CLOSE LIABILITY)*

All CANCEL CHECK REQUESTS

must go to the [TREASURY MANAGEMENT DEPARTMENT](#) first (UCT 902).**CANCEL CHECK - Original check in hand.****** ORIGINAL CHECK is required for all requests (re-issue or close liability).****NOTE:** If you are requesting a re-issue, a copy of all original APPROVAL Documents must be attached

- REISSUE- (no corrections to be made.)**
- PLACE VOUCHER ON HOLD and Reissue check**
(INCORRECT VENDOR NUMBER USED MUST BE CLOSE LIABILITY)
- ADDRESS NEEDS TO BE CORRECTED**
- AMOUNT NEEDS TO BE CORRECTED**
- IRS WITHHOLDING NEEDS TO BE CORRECTED**
- CLOSE LIABILITY- (Return funds to original account charged.)**

CANCEL CHECK - No check in hand.**** A Treasury Management Cancel Check Form must be attached to all cancel check requests when there is no check.****NOTE:** If you are requesting a re-issue, a copy of all original APPROVAL Documents must be attached.

- REISSUE- (no corrections to be made.)**
- PLACE VOUCHER ON HOLD and Reissue check**
(INCORRECT VENDOR NUMBER USED MUST BE CLOSE LIABILITY)
- ADDRESS NEEDS TO BE CORRECTED**
- AMOUNT NEEDS TO BE CORRECTED**
- IRS WITHHOLDING NEEDS TO BE CORRECTED**
- CLOSE LIABILITY- (Return funds to original acct charged.)**

Requested by: _____

Date: _____

Telephone: _____

*****ALL UNSIGNED REQUEST WILL BE RETURNED TO DEPARTMENT!**