



Treasury Management
UCT 901
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TreasuryMgmt@uth.tmc.edu

Request – Check Cancellation at Bank

Request Date: _____

Check Number: _____

Date of Check: _____

Payee: _____

Amount: _____

FMS Voucher Number: _____

Brief Explanation For Cancellation:

Department Name: _____

Department Contact: _____

Contact Phone Number: _____

I do hereby certify that the above check has been lost, stolen, or mutilated and request that:
(mark all that apply)

the check be canceled.

a duplicate check be issued.

I do not have the check in my possession at this time. In the event that the check is located, I agree to return it to The University of Texas Health Science Center Houston’s Treasury Management Department immediately. I understand that I am unable to cash the check as a result of the cancel check request.

Payee’s Signature

Date

Printed Name

Return this completed form, the [Cancel Check or EFT Request Form](#) (General Accounting) and all supporting documentation, including a copy of the FMS voucher, to Treasury Management.