UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION, INC.

12201 Research Parkway, Suite 501
(407) 823-5278

VOID CHECK REQUEST (V-1)

Date: _____ P.I.: _____ **Project #:** _____

Project Name: _____

Original check was made payable to: _____ SSN#/FedID: _____

Remittance Address: _____

_____

Amount: $ _____ **UCFRF Check Number:** _____ **Check Date:** _____

CHECK WAS: Lost   Stolen   Incorrect Amount   Incorrect Project #   Incorrect Payee

Other (explain) _____

ACTION: Void Check   Re-Issue Check   **(Please attach the original check, if available)**

Send reissued check to: Contact Person   Vendor   Other   _____

Special Instructions: _____

Contact Person: _____ Department: _____

Address: _____ Telephone #: _____

APPROVAL: PI: _____ Date: _____

For UCFRF use only:

Vendor #: _____	GL Account: 21500	Stop Payment Issued? _____
Check #: _____	21600	(Initial and date)
Check Date: _____	Other	