***When to Use:*** Complete a **Check Cancellation Form** to request that a check be voided if it is not needed or contains an error (i.e., wrong amount, wrong payee name, etc.). If the check contains an error, submit a new Disbursement Voucher (DV) request to make corrections to and reissue a voided check. In either case, write “void” on the check, attach it to this form, and return it to UGB 210 in person or by mail to:

USC Accounts Payable

Post Office Box 77967

Los Angeles, CA 90007

***When Not to Use:*** Do not use a Check Cancellation Form to stop a check associated with a payment that was never received or was lost, stolen, or destroyed. Use a **Stop Payment Form** if the department or payee is not in possession of the check.

**Note:** If 180 days has passed since the check was issued, please use the form provided by [Bank Reconciliations](http://fbs.usc.edu/depts/bankrecs/page/1831/bank-recs-forms/).

|  |
| --- |
| **CHECK INFORMATION** |
| University of Southern California (‘USC’) check number       dated   /   /20  , in the amount of $      to       (Payee). |
| **REASON FOR CHECK CANCELLATION** |
| [ ]  Check is not needed[ ]  Check is for the wrong amount[ ]  Check is in the name of the wrong payee name[ ]  Other:       |
| **CHECK ATTACHMENT** |
| [ ]  Check noted “void” is attached [ ]  No voided check is attached (Do not use a Check Cancellation Form. Complete a **Stop Payment Form**.) |
| **REISSUE** |
| Upon receipt of a **Check Cancellation Form** with check attached, the check will not be reissued by Payment Services. A new payment request must be completed and sent to Payment Services. |
| **REQUESTOR INFORMATION** |
| First Name:       Last Name:       MI:      Email:       Phone: (     )      –      Fax: (     )      –     Department Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:    /   / 20   (Signature of Payee)Or\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:   /   / 20   (Signature of Requestor, if not Payee) |