

Office of the Controller

Working Fund Check Void Form

Requesting Department Name:			
Requestor/Contact person:		Date:	
E-mail:		Phone:	

Reason for Return:	
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Check Information			
Payee name (last, first, initial)	Check Date(mm/dd/yy)	Check #	Check Amount
Grand Total:			

Please provide distribution information only if the original source charged is no longer available.							
Project	Source	Organization	Activity	Purpose	Function	Object	Amount

<p>Email form and supporting documentation to:</p> <p>F5-workingfund@umaryland.edu</p> <p>Note: Departments in possession of the original check are required to securely dispose of the check.</p>	<p>Questions?</p> <p>Email fs-workingfund@umaryland.edu</p>
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<p>OOTC USE ONLY:</p> <p>Date and Initial _____</p> <p>M&T Void completed: _____</p> <p>GAD reimb confirmation: _____ (attach payment screen/email from GAD)</p> <p>Asst. Controller Approval: _____</p>
