



ADMINISTRATION AND FINANCE

<b>FS USE ONLY</b>
Check #: _____
Check date: _____
VZ#: _____
Request Approval: Verify check(s) are o/s and Void checks: _____
Check Approval: _____

Financial Services

## Working Fund Check Return/Void Form

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

<b>Request:</b>	<input type="checkbox"/> Reissue check	<input type="checkbox"/> charge back to dept (UMB)
<b>Reason for Return:</b>		

Original (returned/voided) Check Information			
Payee name (last, first, initial)	Check Date(mm/dd/yy)	Check #	Check Amount
<b>Grand Total:</b>			

Only one account distribution per form							
Project	Source	Organization	Activity	Purpose	Function	Object	Amount

<b>FS Use ONLY</b>							
<b>Adjustment check – (only one check per form)</b>							
<b>Payee:</b>							
Project	Source	Organization	Activity	Purpose	Function	Object	Amount

<p><b>If you have questions call Damon West at 410-706-1485 or Michele Robinson at 410-706-6746.</b></p>	<p><b>Return <u>original form</u> and supporting documentation to:</b></p> <p><b>General Working Fund Financial Services The Saratoga Building- Room 02-125 220 Arch Street Baltimore, MD 21201</b></p>
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