PennState

CHECK CANCELLATION FORM
(Non-Payroll)

Check # _____   Check Date: _____   Check Amount $ _____

Payee: _____

Address: _____

Reason why the check is to be cancelled:

_____   _____
Requestor's Name   Department

_____   _____
Requestor's Email Address   Requestor's Telephone

Document #	Dept #	Cost Object*	Cost Object #	Cost Object Name	GL Account #	Amount
					Total	

_____   _____
Requestor's Signature   Date

* If completing this form by hand, please indicate the type of Cost Object in space below the drop-down list.