

## CHECK TRACER FORM

(2) FOAPAL #
<div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 1.2em;"> <span>_____</span> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 1.2em; margin-top: 5px;"> <span>F</span> <span>O</span> <span>P</span> <span>A</span> </div>

(1) Check # \_\_\_\_\_

(3) Vendor # \_\_\_\_\_ (4) Voucher # \_\_\_\_\_

(5) Vendor Name: \_\_\_\_\_

(6) Invoice # \_\_\_\_\_ (7) Purchase Order # \_\_\_\_\_

(8) Check Amount: \_\_\_\_\_ (9) Check Date: \_\_\_\_\_

(10) Batch / Doc # \_\_\_\_\_

(11) Request: (Please check applicable box and provide reason for duplicate payments)

Void     
  Stop payment     
  Copy of a Check     
  Other (Please Explain)

(12) Corrective Action: Reissue Check?     No     Yes

(13) Contact Person: \_\_\_\_\_ (14) Department: \_\_\_\_\_ (15) Extension: \_\_\_\_\_ (16) Date: \_\_\_\_\_

TO BE COMPLETED BY GENERAL ACCOUNTING	
(17) Is Check Outstanding? <input type="checkbox"/> No (Attach copy of check) <input type="checkbox"/> Yes	
(18) Researched & Completed by: _____	(19) Date: _____
(20) Check Escheated Processed by: _____	(21) Date: _____
(22) Stop Payment Processed by: _____	(23) Date: _____
VOID INFORMATION	
<input checked="" type="checkbox"/> (24) BANNER Void Processed	<b>221003 - 21101</b> _____ <b>221003 - 21102</b>
<input type="checkbox"/> (25) EFT Correcting Offset	<b>299003 - 21101</b> _____ <b>299003 - 21102</b>
<input type="checkbox"/> (26) Copy to A / P	<b>400233 - 21101</b> _____ <b>400233 - 21102</b>
	<b>800005 - 21101</b> _____ <b>800005 - 21102</b>
(27) Void Processed by: _____	(28) Date: _____