

STATE OF VERMONT
VOID CHECK TRANSMITTAL FORM



Purpose of Form

For departments to submit a VISION vendor check to the Office of the State Treasurer (OST) for voiding. Refer to the Dept. of Finance & Management's VISION Procedure #8: Void Check Procedure for additional information.

Section 1: Department Information

DEPARTMENT NAME	
CONTACT PERSON	
EMAIL ADDRESS	TELEPHONE

Section 2: Check Information

VENDOR NAME			
VOUCHER NUMBER	CHECK NUMBER	CHECK DATE	CHECK AMOUNT

Section 3: Action Requested (complete A or B)

A. VOID CHECK

Payments voided for any of the following reasons will have the voucher closed. If a replacement check is needed the department must process a new accounts payable voucher in VISION.

REASON (check all that apply):

<input type="checkbox"/> Wrong Vendor	<input type="checkbox"/> Cancellation of Payment Request
<input type="checkbox"/> Incorrect Amount	<input type="checkbox"/> Unavailability of Goods/Services
<input type="checkbox"/> Other (provide brief explanation):	<input type="checkbox"/> Duplicate Payment

B. VOID CHECK and RE-ISSUE by OST

Payments voided for the following reason will be re-issued by the Office of the State Treasurer (OST) using the original voucher.

Printing Error or Damaged/Spoiled Check

Please Mail Completed Form and Check to:

VT Office of the State Treasurer Treasury Operations Division 109 State St, 4 th Floor Montpelier, VT 05609-6200	If you have questions when completing this form, contact the VT Office of the State Treasurer at 802-828-2301.
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OFFICE of the STATE TREASURER Use Only		
Date Processed:	Processed by:	Date Dept Contacted: