



CHECK REQUEST and VOUCHER CANCELLATION FORM

Texas AgriLife Research (06)

Texas AgriLife Extension Service (07)

TVMDL (20)

Action Requested

Duplicate/Reprint Check

Cancel Voucher/Check

FAMIS Voucher Number: _____

AggieBuy Inv Number: _____

Check Number: _____

Vendor ID: _____

Check Date: _____

Amount \$ _____

Vendor/Payee: _____

Address: _____

Amount Incorrect on Check

Not Due

Duplicate Payment

Stale Dated Check/Reissue

Incorrect Vendor Address

Unclaimed Property

Lost/Stolen/Destroyed

Wrong Vendor Name

Notes: _____

Requested: _____

Date _____

Attach completed form on AggieBuy invoice as a comment and send the comment to Sarah Mayes, semayes@ag.tamu.edu.