

RETURNED CHECK / CANCELLATION FORM

University Payroll Services
UGB 212 PMB A-300

Employee Name: _____ Employee Number: _____

Cost Center Hierarchy Level 5: Name and ID#: _____
(KSOM Only, CCH Level 7)

Dept Contact: _____ Phone: _____

Check# _____ Check Date: _____ Gross \$: _____ Net \$: _____

REASON FOR RETURN: **Please check one and give a brief explanation below:**

Stop Payment Placed	Stale Dated (Valid Payment)	Invalid Payment (explain)	
Overpayment	Did Not Work (explain)	Termination	Other (explain)

This form must be signed by the Department Contact or it will be returned.

Department Contact: _____ Date: _____

Date Payroll Sent to General Accounting: _____