



MISSING CHECK FORM

Bank Code	Check Number	
Check Date	Vender /Student Name	Vendor/Student ID
Check Amount	Reason for Voiding Check	



Processed by: _____

Name Department

Date

VENDOR/STUDENT PLEASE SIGN BELOW:

By signing this form, the vendor/student understands that he/she will not cash the missing check if it is found, and that he/she agrees to return the missing check to Central Michigan University immediately, if found. The vendor/student understands that, in the event said lost check is cashed, Central Michigan University will pursue collection. These actions may include the use of outside collection agencies, legal counsel and/or the University Police.

Vendor/Student Signature: _____ Date: _____

Address where check should be mailed: _____
