



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:

