



**THE HONORABLE
CURTIS M. LOFTIS, JR.**
State Treasurer

VOID CHECK REQUEST

This form is for VOIDS only, replacement check requests must use the Replacement Check Request Form.

Email form to: andrea.lagos@sto.sc.gov with “[Agency ID] Void Request” in the subject line.

Questions? Call: Teresa Lagos at 803.734.0144

SECTION 1: CHECKS TO VOID ONLY

DO NOT USE THIS FORM IF REPLACEMENT CHECK IS REQUIRED

Line	Check Date	Check #	Amount	SCEIS Doc #	Payee	Check in-hand?
1.						
2.						
3.						
4.						
5.						

SECTION 2: REQUESTING AGENCY APPROVAL

Date Requested: _____

Agency ID _____ Agency Name _____

Requestor Name: _____ Phone: _____

Email: _____

Signature: _____

SECTION 3: NOTICE

- This form is for voids only, a replacement check will not be issued. Please use the Replacement Check Form if a replacement is required.
- If the voided check is older than 7/1/2011 it may not have a SCEIS Doc#. If so, please note “n/a”
- Please note in Section 1 if the physical check is in-hand as handling of the void is a distinct process when the Agency has physical control of the check.
- If more than five voids are requested, an attached excel spreadsheet can be used if the format and layout is consistent to Section 1 table. Please include this form as well and note in Section 1 that an attached listing is included.
- Email form to andrea.lagos@sto.sc.gov with “[Agency ID] Void Request” in the subject line.