

**CITY OF BROCKTON  
VOID AND REISSUE ACCOUNTS PAYABLE CHECK FORM**

**DATE:** \_\_\_\_\_

**CITY DEPARTMENT INFORMATION:**

**ACCOUNTS PAYABLE VENDOR AND PURCHASE ORDER NUMBER:  
(IF POSSIBLE PLEASE ATTACH COPY OF ORIGINAL PURCHASE ORDER)**

**PO#:** \_\_\_\_\_

**REISSUE DESCRIPTION (YES OR NO):**

**Yes:** \_\_\_\_

**No:** \_\_\_\_

**DEPARTMENT PERSON REQUESTING VOID AND REISSUE:**

**Name:** \_\_\_\_\_

**SIGNATURE OF DEPARTMENT EMPLOYEE SUPERVISOR:**

**Name:** \_\_\_\_\_