

STATE OF NORTH CAROLINA	VOID AUTHORIZATION
Original Receipt No.	
New Receipt No.	
Date	
Payor Name	
Case No.	
Amount Refunded	\$
Tender Type	<input type="checkbox"/> cash <input type="checkbox"/> certified check <input type="checkbox"/> money order <input type="checkbox"/> bank check <input type="checkbox"/> business check <input type="checkbox"/> personal check <input type="checkbox"/> credit card
Reason Voided	<input type="checkbox"/> A = incorrect account number <input type="checkbox"/> B = incorrect bond amount <input type="checkbox"/> C = incorrect case number <input type="checkbox"/> D = wrong VCAP flag <input type="checkbox"/> F = funds receipted twice <input type="checkbox"/> I = incorrect citation number <input type="checkbox"/> M = misspelled information <input type="checkbox"/> N = name is wrong <input type="checkbox"/> P = incorrect payment amount <input type="checkbox"/> R = receipt did not print <input type="checkbox"/> T = incorrect tender <input type="checkbox"/> U = manual receipt number incomplete / incorrect <input type="checkbox"/> V = void at customer's request <input type="checkbox"/> W = incorrect waiver code
Void Explanation	<hr/> <hr/>

PAYOR SIGNATURE AND ADDRESS
This section to be completed only when there is a total or partial refund (reduction in payment amount).

Address

City, State, Zip Code

Telephone No.

Payor Signature
CASHIER SIGNATURE

HEAD CASHIER / BOOKKEEPER / CSC SIGNATURE

ATTACHMENTS: original receipt; voided receipt; if re-keyed, duplicate copy of new receipt
ORIGINAL FORM: to be attached to daily cash balance report