

Florida Clinical Practice Association, Inc.
Accounts Payable

Stale Date Response Form

Vendor _____

Check Number _____ Amount _____

Pick One:

☐

Void Stale Dated Item and do not reissue. Unable to locate address to send payment.

☐

Void Stale Dated Item and do not reissue. Item paid from other funding source.

☐

Void Stale Dated Item and do not reissue. Payment no longer due to vendor because: *(state reason below)*

☐

Reissue Stale Dated Item *(New approved voucher attached)*

Person Completing Form: _____ Phone Number _____

Authorized Signature _____ Date _____

For Accounting Use Only

Date Received: _____ Date Voided in Solo mon: _____

A/P Staff: _____ Date Voided in OTM: _____

Escheat Item: YES or NO

Updated: 07/24/03