TRANS CODE: 450	VOID CHEC	K FORM	
EMPLOYEE NAME (FOR REFERENCE ONLY)	COMPANY EMPLOYEE T NUMBER D 0 0 0 0 0 0	PAYMENT CHECK NUMBER CHECK DATE	PERIOD Q Q
EMPLOYEE NAME (FOR REFERENCE ONLY)	COMPANY EMPLOYEE T NUMBER D 0 0 0 0 0 0	CHECK NUMBER CHECK DATE	(1) PERIOD END DATE Q
EMPLOYEE NAME (FOR REFERENCE ONLY)	COMPANY EMPLOYEE T NUMBER D 0 0 0 0 0 0	PAYMENT CHECK NUMBER CHECK DATE	PERIOD Q
EMPLOYEE NAME (FOR REFERENCE ONLY)	COMPANY EMPLOYEE T NUMBER D 0 0 0 0 0 0	PAYMENT CHECK NUMBER CHECK DATE	(1) PERIOD Q Q
EMPLOYEE NAME (FOR REFERENCE ONLY)	COMPANY EMPLOYEE T NUMBER D 0 0 0 0 0 0	CHECK NUMBER CHECK DATE	(1) PERIOD Q Q
(1) YQ INDICATOR Y - YEAR TO DATE ONLY Q - YEAR AND QUARTER TO DATE C - YEAR AND PRIOR QUARTER	AUTHORIZED SIGNATURE (AGENCY)	DATE KEYED BY (DOA)	(1) Form PR-2 Rev 10/04