



Department of Transformation and Shared Services
Office of Personnel Management
Request for Reverse Payment (VOID)

If Available: Attach Warrant To This Form

Business Area	Agency Name
<input type="text"/>	<input type="text"/>

Personnel Number	First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount	Period Begin Date	Payment Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Warrant Number	Reason for Void / Reversal
<input type="text"/>	<input type="text"/>

Signature	Date	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>