



University of Connecticut

AUTHORIZATION TO CANCEL CHARGES IN THE VENFAC SYSTEM

Date: _____

I, _____, acting as _____ of
(Department Head) (Department Head Title)

_____ authorize the Accounts Receivable Office to cancel
(Department)

Invoice #/Charges _____ for _____
(Customer Name)

in the amount of \$ _____.

Explain in full detail the reason for the requested cancellation:

Related e-Remit ID (if applicable): _____

Authorized Signatures:

Department Head

Date

Tax and Compliance Accountant

Date

Bursar

Date

**Bursar's signature is required for cancellations of \$1,000 and greater.*