UNIVERSITY OF
South Carolina

Controller's Office
MAR Cancel/Reverse Invoice Request

Email completed form to - miscar@mailbox.sc.edu

Department/Campus Name _____

Customer Name _____

Customer Number _____

Invoice Number _____

Invoice Amount _____

Reason for Action

Has payment been deposited?	☐	**Yes**	☐	**No**
Will a refund be requested?	☐	**Yes**	☐	**No**
Will invoice be reissued?	☐	**Yes**	☐	**No**

Requested By: Name _____ Date _____

Cancelled By: Name _____ Date _____