Application Form for Cancellation of Special Marks of Treasury Check

Date of application: ___/ ___/ ___(MM/DD/YY)

Payment agency voucher number	
Collection number of NTA	
Payee	
Check number	
Amount	
Cancellation (recover) item	**□Parallel lines canceled □Parallel lines recovered** **□Non-endorsable mark canceled □Non-endorsable mark recovered**
Name of payment agency **Head of agency** **or authorized signatory,** **or in-charge accountant （Signature）**	

National Treasury Administration, Ministry of Finance	
Case officer	**Head of department**