



**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 _____