



**REQUEST TO CANCEL COMMERCIAL WARRANT**

Please select one:

CANCELLED WARRANT REQUEST

CANCELLED WARRANT REQUEST WITH WARRANT REPLACEMENT

TO:

\_\_\_\_\_@YCOE.org

FROM:

District Accounts Payable Technician

DISTRICT:

VENDOR #:

VENDOR NAME:

PURCHASE ORDER #:

PAYMENT VOUCHER #:

WARRANT #:

WARRANT DATE:

AMOUNT:

REASON FOR CANCELLATION:

FUND:

Check here for Stop Payment Authorization

\_\_\_\_\_  
District Authorized Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH WARRANT TO BE CANCELLED AND COMPLETED AFFIDAVIT**

COUNTY USE ONLY:

Date of Cancellation: \_\_\_\_\_

Date of Stop Payment: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Received and shredded warrant

Warrant not returned; affidavit attached

Processed By:

Date: