

**Yolo County**  
**OFFICE OF**  
**EDUCATION**

**REQUEST TO CANCEL/REISSUE VOL-DED WARRANT**

(Please check the appropriate box below)

CANCELLED WARRANT REQUEST

CANCELLED WARRANT REQUEST WITH WARRANT REPLACEMENT

TO: EBS @ YCOE FROM: District A/P Technician DISTRICT #:

**CANCELLED WARRANT INFORMATION:**

VENDOR # VENDOR NAME:  
WARRANT # WARRANT DATE: AMOUNT:  
REASON FOR CANCELLATION:

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**REISSUED WARRANT(S) INFORMATION:**

VENDOR NAME: AMOUNT:  
VENDOR #: (YCOE will assign Vendor #)  
VENDOR NAME: AMOUNT:  
VENDOR #: (YCOE will assign Vendor #)  
VENDOR NAME: AMOUNT:  
VENDOR #: (YCOE will assign Vendor #)

Check here for Stop Payment Authorization

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DISTRICT AUTHORIZED SIGNATURE

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DATE

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**PLEASE ATTACH WARRANT TO BE CANCELLED**

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Date of Cancellation: Date Reissued:  
Date of Stop Payment: Received and shredded warrant  
Date of Transfer: Warrant not returned; affidavit attached  
Processed by: