

WARRANT CANCEL & REISSUE FORM

Date of Request: _____

Payee Name: _____ Amount: _____

Date of Issue: _____ Warrant #: _____ Doc #: _____

1. Reason for cancellation:

- | | | | |
|-----------------------------------------|----------------------------------------|--------------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Lost | <input type="checkbox"/> Not received | <input type="checkbox"/> Duplicate | <input type="checkbox"/> Destroyed |
| <input type="checkbox"/> Wrong payee | <input type="checkbox"/> Wrong amount | <input type="checkbox"/> Wrong Index / SubObject / Transaction Code (TC) | |
| <input type="checkbox"/> Wrong vendor # | <input type="checkbox"/> Wrong address | <input type="checkbox"/> Staledated (Go to Item 4) | |
| <input type="checkbox"/> Other: _____ | | | |

2. Supplied for cancellation: (*Mandatory* – this is for *internal* cancellation process)

- Warrant Affidavit of Lost Warrant (Must be *original completed by vendor / client*)

3. Stop Payment:

Do you want to place a stop payment *at the bank*?

(Note: After stop payment is placed the payee will not be able to cash it.)

- Yes N/A (warrant is not lost and is being returned to Auditors office)

4. Reissue - Would you like to reissue payment?

- Yes No (Skip to requestor name & signature)

a. Changes: Please note below changes (if any) that need to be made before new payment is processed:

b. Claim:

- New claim** will be submitted (*Required for change to vendor name, or amount of claim*)
- Reissue original** claim

Name of requestor (initiator of claim): _____

Signature of requestor: _____

FOR OFFICE USE

Stop Payment: placed on _____ confirmed on: _____

Cancellation: placed on _____

Correction: made on _____ by: _____

Reissue / New Claim made on _____ doc #: _____