



**District Business & Advisory Services**

**District Warrant Cancellation Request**

**\*\*PLEASE RETURN FORM VIA EMAIL TO YOUR ACCOUNTING SPECIALIST\*\***

**\*\*NO HAND WRITTEN FORMS WILL BE ACCEPTED\*\***

Date:		District Name:	
Warrant #:		Payee Name:	
Issue Date:		Payee Address:	
Net Amount:			
		City/ State/Zip	
Vol Ded Amount:		(For Payroll Cancellation Only)	
Reason For Cancellation:			

Type of Cancellation Requested:	
<b>Select Only One</b>	
<input type="checkbox"/>	Accounts Payable
<input type="checkbox"/>	Payroll Cancel (Attach Payroll History Screen)- Acct String Required
	Fnd-Resr-Y-Objt-SO-Goal-Func-CstCr-Ste-Mngr
<input type="checkbox"/>	Payroll Reissue (Lost/Destroyed)
<input type="checkbox"/>	Deceased Employee Warrant Acct String Required
	Fnd-Resr-Y-Objt-SO-Goal-Func-CstCr-Ste-Mngr

District Authorization:			
Requested By:		Date:	
Title:		Phone Number:	

For DBAS Use Only:			
Processed By:		Approved By:	
Title:		Title:	
Date:		Date:	
TF # (Payroll Cancel Only):		Advisor Signature:	