District Business & Advisory Services

District Warrant Cancellation Request

PLEASE TYPE AND RETURN VIA EMAIL TO DBAS' SERVICE TEAM SPECIALIST

Date:			Distric	ct Name:		
Warrant #: Issue Date:			Payee Name:			
Warrant Amount:			Payee Address:			
Cnty-Paid Vol Ded # Amount (Payroll Only)						
			City / S	State / Zip:		
Reason for Cancellation:						
Type of Cancellation Requested						
Select Only One						
Accounts Payable						
Payrol	l Cancol:	QCC Only	Panl	k Only	Both	
Payroll Cancel: QCC Only Bank Only Both Account String Required						
Fnd-Resr-Y-Obj-SO-Goal-Func-CstCr-Ste-Mngr						
Payroll Reissue (Lost/Destroyed)						
Decea	Deceased Employee Warrant		Date of D	Death:		
Account String Required Fnd-Resr-Y-Obj-SO-Goal-Func-CstCr-Ste-Mngr						
District Authorization						
Requested By:			Date:			
Title:				Contact I	Number:	
Approved By:						
Approved B	y:			Date:		
Approved B Title:	y:			Date: Contact I	Number:	
	y:		For DBAS	Contact I	Number:	
			For DBAS	Contact I		
Title:			For DBAS	Contact I	:	
Title:	y:		For DBAS	Contact I Use Only Vendor #	:	