

REQUEST FOR AUDITOR TO VOID WARRANT AND/OR STOP PAYMENT OF WARRANT

REQUEST TO VOID WARRANT

DATE: _____ DEPARTMENT: _____

WARRANT NUMBER: _____ ACCOUNT NUMBER: _____

REASON FOR STOP PAYMENT OR VOIDING WARRANT:

DO YOU WISH TO HAVE WARRANT RE-ISSUED? YES NO

IF **“YES”** PLEASE FILL OUT BELOW INFORMATION:

VENDOR # _____ VENDOR NAME: _____

AMOUNT: \$ _____ ACCOUNT NUMBER: _____

SIGNATURE

DATE

REQUEST STOP PAYMENT OF WARRANT

(A \$36.00 FEE WILL BE CHARGED TO NON-GENERAL FUND DEPARMENTS)

PLEASE STOP PAYMENT ON WARRANT# _____ DATED _____ IN THE
 AMOUNT OF \$ _____ MADE PAYABLE TO _____.

IF FEE APPLIES FILL IN THE BELOW DEBIT INFORMATION:

DEBIT:

		36.00
ACCOUNT NUMBER	ACCOUNT DESCRIPTION	AMOUNT

CREDIT:

001.2100.01.5400.000.000	BANK CHARGES	36.00
ACCOUNT NUMBER	ACCOUNT DESCRIPTION	AMOUNT

SIGNATURE

DATE