AUTHORIZATION TO CANCEL PAYROLL WARRANT

DO NOT REPLACE

Instructions: Send this form to the San Luis Obispo County Office of Education to have a payroll warrant cancelled and <u>not replaced</u>. (*For example: To be used when an employee was paid in error.*)

Date:_____District:_____

Employee:_____Soc. Sec. #_____

Please cancel payroll warrant # _____dated_____

for $_____ which was issued to the above employee. (Attach warrant and stub.)
         (net)

Reason:_____

_____ _____
Authorized District Signature   Date

SLOCOE Use Only
(See Complete instructions S:Bus_serv\CANCELLED PAYROLL WARRANTS\Payroll Warrant Cancellation Procedure and Form)

Received by:_____ (Payroll Employee)   Date Received:_____

Warrant/stub attached Y_____   N_____   Date of Stop Payment_____

Forward to Account Tech III for processing:

Processed by:_____Date_____SAP#_____TF#_____
                                                                                                                                            If applicable

S:Bus_serv/PROCEDURES AND FORMS\FORMS\AUTORIZATION-TO-CANCEL-PAYROLL-WARRANT