



# Cancellation of Payroll Warrants

*Please print on blue colored paper*

District: \_\_\_\_\_

Year	County	District	Date

Issue Date	Warrant No.	Status C or M (see Galaxy Status below)	Employee Name	Amount	Reason for Cancellation (see Galaxy Status below)

Page Total	
Total of all Pages	

Galaxy Status	
<b>C = Cancel</b> <i>Attach payroll warrant to this form, with signature completely cut out, and explain the reason for cancellation.</i>	<b>M = Missing</b> <i>If payroll warrant is unavailable, please explain the reason for canceling the warrant.</i>

**Note:** Voluntary Deductions on cancelled payroll warrants will be charged to the districts.

Prepared by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Payroll Warrant Approver