COCONINO COUNTY EDUCATION SERVICE AGENCY
2384 N. STEVES BLVD.
FLAGTSTAFF, AZ 86004

***PLEASE V O I D THE FOLLOWING WARRANT:***

DISTRICT NAME: _____

PERSON REQUESTING STOP PAYMENT: _____ PHONE#: _____

WARRANT NUMBER: _____ DATE OF WARRANT: _____

PAYABLE TO: _____

AMOUNT: _____

FUND NO: _____ VOUCHER NO: _____

DOES THIS VOIDED WARRANT NEED TO BE REISSUED: YES or NO
Circle one

REASON FOR VOID:

_____
_____
_____
_____
_____

PLEASE ATTACH AN AFFIDAVIT IF AN ORGINAL WARRANT CANNOT BE SENT TO THE COUNTY SCHOOLS OFFICE.

(FOR COUNTY USE ONLY)

STATUS VERIFIED: _____
VOID DATE: _____
VOID VERIFIED: _____
AFFIDAVIT SENT: _____
AFFIDAVIT APPROVED: _____

REPLACED: _____
WARRANT#: _____