



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

Prepared by: _____ Phone Number: _____

Approved by: _____ Date: _____
Authorized Payroll Warrant Approver

Note: Voluntary deductions on canceled payroll warrants will be charged to districts.