

VOID WARRANT AGREEMENT

Current Date: _____

District Name: _____

Fund Name and Fund Number: _____

Please void the following warrant(s):

DATE OF ISSUE	MICR NUMBER	WARRANT NUMBER	DOLLAR AMOUNT	PAYEE	REASON*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*REASON CODES:

- 1 – Issued for wrong amount.
- 2 – Issued to wrong payee.
- 3 – Lost (attach original Application for Duplicate Instrument form)
- 4 – Other (Please specify under reason above)

This request is authorized by: _____
(Authorized Signature and Title)

Please attach the warrant(s) being voided or the appropriate documentation. Return this document with original authorized signatures to the Yakima County Treasurer's Office and keep a copy for your file.

FOR TREASURER'S USE ONLY:

STAFF: _____
DATE: _____

SR: _____
VOIDED IN BANK: [] INITIALS _____