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**STOP PAY/FRONT & BACK/ CANCEL REQUEST FORM**

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**TO:**

**WARRANT AUDITING DEPARTMENT  
DISTRICT BUSINESS SERVICES  
CONTRA COSTA COUNTY OFFICE OF EDUCATION  
FAX #: (925) 944-1698**

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FRONT & BACK COPY

CANCEL (attach original  
warrant, write void  
over signature)

STOP PAY

REQUESTED BY: \_\_\_\_\_

DISTRICT: \_\_\_\_\_

DATE: \_\_\_\_\_

FAX #: \_\_\_\_\_

WARRANT NUMBER: 5820- \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

WARRANT AMOUNT: \_\_\_\_\_

CLEAR DATE: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

VENDOR #: \_\_\_\_\_

REASON FOR STOP PAY: \_\_\_\_\_  
\_\_\_\_\_

AUTHORIZATION: \_\_\_\_\_  
\_\_\_\_\_

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COUNTY OFFICE OF EDUCATION USE ONLY

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
\_\_\_\_\_

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**THIS CHECK IS NOW VOIDED  
YOU CAN NOW MAINTAIN YOUR INVOICE IN MUNIS**