

STATE OF OKLAHOMA
REQUEST FOR MISCELLANEOUS WARRANT CANCELLATION

Business

FROM: _____

Agency Name

Unit No _____

A) Warrant Information:

Warrants on Bank SetID 467

Replace Warrant? (Y/N) *	Return PO Balance? (Y/N) **	H.E. 789 Fund (Y/N) ***	Voucher	Payment Reference (Warrant #)	Issue Date	Warrant Amount	Reason For Cancellation

* If "Y" complete Part B – Warrant To Be Replaced

** Only for PO Vouchers

*** If "Y" complete Part C if appropriate – Higher Education 789 Fund Withholding Miscellaneous Warrant – Agency Action

B) Warrant To Be Replaced ****

The physical warrant must accompany this form in order to be replaced. For replacement of Lost/Destroyed warrants, please use OMES Form 20R.

Correct \$ Amount	Correct Payee Information	Vendor ID #	Loc. #	Addr. #

****** Requirements for reissue of canceled warrant:**

- The warrant was paid to the correct payee, but the incorrect location and address.
- The warrant was paid to the correct payee, but for the incorrect amount.
- The warrant is paid to the correct payee, but the multiple vendor ID# 0000001104 is the vendor ID on the Invoice Information page of the voucher.
- The warrant should have been assigned to a payee and the supporting documentation for the assignment was attached to the original voucher (needs to be noted on the form), otherwise the agency must process a new voucher with the proper assignment documentation.

C) Higher Education 789 Fund Withholding Miscellaneous Warrant - Agency ActionIf a replacement warrant was issued by institution, provide Replacement Voucher #: and Amount:

If no replacement warrant was issued, provide where the 789 funds were debited back to operation funds by listing

the PFT Reversal #:

We are returning herewith for cancellation the outstanding miscellaneous warrant listed on this form. We are aware that cancellation of a missing warrant requires a Stop Payment on the warrant through OST.

Agency Approving Officer Signature_____
Title or Position_____
Date**Form Submission:**

When the warrant is attached to the form, mail to:

OMES - Transaction Processing
 Will Rogers Building
 2401 N. Lincoln Blvd., Ste 312
 Oklahoma City, OK 73105

When a Stop Pay is attached to the form:

Email a scanned copy of the form and the stop pay to
 OMESTPAccountsPayable@omes.ok.gov.

RESERVED: DIVISION OF CENTRAL ACCOUNTING & REPORTING

By _____ Date _____