MARICOPA COUNTY SCHOOL SUPERINTENDENT
4041 N Central, Suite 1100
PHOENIX, AZ 85012

TO: PAYROLL – ACCOUNTS PAYABLE
PLEASE STOP PAYMENT AND REISSUE THE FOLLOWING WARRANT:

DISTRICT NUMBER: _____

PERSON REQUESTING STOP PAYMENT: _____ **PHONE #:** _____ **EXT:**_____

WARRANT NUMBER: _____ - _____ **WARRANT DATE:** _____/_____/_____
(prefix) (number) (mm) (dd) (yy)

PAYABLE TO: _____

AMOUNT: _____

FUND NO: _____ **VOUCHER NO:** _____

CHECK ONE: **EXPENSE** ☐ **PAYROLL** ☐

REASON FOR STOP:

_____
_____
_____
_____
_____

(LOST, DESTROYED, ETC.)

ONE ORIGINAL AFFIDAVIT *AND* ONE COPY OF THE AFFIDAVIT ARE ATTACHED. PLEASE ISSUE A REPLACEMENT WARRANT.

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