

# WARRANT CANCELLATION REQUEST FORM

All required documentation and form must be submitted electronically to [state\\_centralapproval@state.co.us](mailto:state_centralapproval@state.co.us)



**COLORADO**  
Office of the State Controller  
Department of Personnel  
& Administration

Date of Request: \_\_\_\_\_

## Required Documentation:

1. Completed Warrant Cancellation Request Form
2. Signed Affidavit of Lost Warrant-OR Copy of Voided Warrant (**scan then shred original warrant**)
3. Current Screen Print of CHREC Table showing **warranted status** including AD Doc ID#

## PLEASE CANCEL THE FOLLOWING WARRANT:

Warrant #: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Amount: \_\_\_\_\_ Vendor Code: \_\_\_\_\_

REASON FOR CANCELLATION: Only mark one item. If more than one reason applies, choose the reason that would provide the best information for your agency's records.

- \_\_\_\_\_ Duplicate Payment
- \_\_\_\_\_ Vendor Incorrect
- \_\_\_\_\_ Amount Incorrect
- \_\_\_\_\_ Not Needed - Product Or Service Not Provided
- \_\_\_\_\_ Vendor Is No Longer Eligible
- \_\_\_\_\_ MMIS (Health Care Policy & Financing Only)
- \_\_\_\_\_ Issued In Error
- \_\_\_\_\_ Garnishment Released
- \_\_\_\_\_ Other – Explain: \_\_\_\_\_
- \_\_\_\_\_ Change to original warrant - Department required to reissue

## DEPARTMENT CONTACT

CORE Department Code: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_