

State of New Mexico
Department of Finance and Administration
 Financial Control Division
WARRANT CANCELLATION FORM

 Current Fiscal Year

 Request Date

FCD POSTED STAMP ONLY

Business Unit: _____

Business Unit Name: _____

Warrant Information	Documentation Type	Cancellation Type **	Warrant	Payee Name and Reason for Cancellation
Supplier ID: _____	<u>Choose One</u>	<u>Choose One</u>	Amount: _____	Supplier Name: _____
Warrant Number: _____	Original Warrant	A		Voucher Number: _____
Bank Acct (Last 4): _____	Original Affidavit	B		Reason: _____
Warrant Date: _____	Accounting Date: _____			

** A - Cancellation Type A will allow FCD to reopen the original payment voucher and reissue the warrant to the same vendor, same amount, and same address.
 ** B - Cancellation Type B will completely close the liability (Accounting transaction resulting from the original payment voucher will be reversed).

 Preparer's Name Printed

 Preparer's Phone Number

 Authorizer's Name Printed

 Preparer's Email Address

 Date

 Authorizer's Signature

A copy of the warrant or affidavit and this form must be emailed to vendor.relations@state.nm.us. The original documents should be archived by the agency per retention rules. Please refrain from submitting additional documentation.