

**Whatcom County
Authorization to Void/Cancel Warrant**

Warrant Number: _____

Warrant Date: _____

Vendor Number: _____

Vendor Name: _____

Amount: _____

Requested by: _____

Reason for voiding/ canceling the warrant: _____

***If the warrant is to be reissued, please include it on your Claims Payment Request Form.**

We, the undersigned Commissioners of Whatcom County _____ ,
hereby authorize cancellation, and if indicated the reissuance, of the above warrant as herein described.

Chairman

Commissoner

Commissoner

Date: _____

Warrant Voided by: _____

Date: _____