



Dr. Jorge O. Ayala, *Superintendent*

REQUEST FOR COPY OF REDEEMED WARRANT

DISTRICT: _____

TODAY'S DATE: _____

PAYEE: _____

AMOUNT: _____

WARRANT DATE: _____

REDEEM DATE: _____

WARRANT NUMBER: _____

DATE: _____

REQUESTED BY: _____

(PLEASE ATTACH PRINT SCREEN)



FOR COUNTY USE ONLY

COMPLETED BY: _____

DATE: _____

SENT TO DISTRICT VIA: COURIER _____

FAX _____

MAIL _____