Form 20.20.45-E
Rev. 2018

SPAHRS Void Employee Warrant/EFT Request

Dept of Finance and Administration
OFM/Bureau of Financial Control
701-B Woolfolk Bldg.
501 North West Street
Jackson, MS 39201

Agency: _____

SPAHRS Ag # _____

Payroll Officer: _____

Phone: _____ Date: _____

E-mail Address: _____

Enter information for the employee warrants to be voided in SPAHRS and attach.

Employee Warrant/EFT #	Amount
Total	

Explain why it is necessary to void the warrants: