

# Cancel/Reissue Warrant Issued in Edison

Requested By: \_\_\_\_\_  
Date: \_\_\_\_\_

**Original Warrant Information:**

Warrant Number \_\_\_\_\_  
AP or Travel Warrant \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Warrant Amount \_\_\_\_\_  
Supplier Name \_\_\_\_\_  
Edison Supplier ID \_\_\_\_\_  
BU and Voucher # or Expense Report # \_\_\_\_\_

**Requested Action:**

Cancel Only \_\_\_\_\_  
Cancel and Reissue \_\_\_\_\_

**Reissue Information (if different from original issue)**

Supplier Name: \_\_\_\_\_  
Edison Supplier ID: \_\_\_\_\_  
Edison Supplier Location: \_\_\_\_\_  
Supplier Address: \_\_\_\_\_  
\_\_\_\_\_

**Reason for Request:**

**Attachments:**

Confirmation of Stop Payment  
Documentation of Reason for Request, if any

**Fiscal Officer Approval:**

## Cancel\Cancel Reissue Guidance

Complete the 'Cancel/Reissue Warrant Issued in Edison' form using the directions below (facsimile are accepted but must be in same format and pdf form):

1. **ORIGINAL WARRANT INFORMATION** (Information for this section can be obtained from the TN\_AP04\_VNDR\_CHK\_REMIT\_NVID query):

<b>Warrant Number:</b>	Enter warrant number on which you are requesting action
<b>AP or Travel Warrant:</b>	Specify if "AP" or "Travel" warrant
<b>Date Issued:</b>	Enter date the original warrant was issued
<b>Warrant Amount:</b>	Enter amount of original warrant
<b>Supplier Name:</b>	Enter supplier name as listed on original warrant
<b>Edison Supplier ID:</b>	Enter supplier number from Edison
<b>BU &amp; Voucher or Expense Report #:</b>	Enter business unit and vouchers processed on warrant or expense report IDs paid on employee travel reimbursement.

2. **REQUESTED ACTION:**

- Cancel Only** - Mark with an 'X' if we no longer owe monies.
- Cancel and Reissue** - Mark with an 'X' if the cancelled warrant will be reissued

3. **REISSUE INFORMATION** (If different from original)

- Supplier Name:** Name to which we will be issuing new payment
- Edison Supplier ID:** Edison Supplier number to which new payment will be issued.
  - If different from original or supplier 184, the agency must issue new voucher(s) once original warrant is cancelled. You will receive email notification to proceed with entering new voucher. This email should be included as support for new voucher.
- Edison Supplier Location:** Edison location (i.e., MAIN, Nasvi-001, CAT-002). Not required for supplier 184.
- Supplier Address:** Payment remit address.

4. **REASON FOR REQUEST:**

- State the reason for the request (i.e., lost payment, warrant destroyed, payment not due, duplicate payment).
  - If payment not due:**
    - Please explain why payment is not due.
    - If agency error, explain how error occurred and controls implemented to prevent future occurrences.
  - If duplicate payment:**
    - Please provide the duplicate payment information (warrant number, voucher number, PCard transaction number, etc.)
    - Please explain how duplicate occurred and controls implemented to prevent future occurrences
- Please include statement advising how mailing address was confirmed for supplier (i.e., Verbal communication, written confirmation (please include with support), current reconciled payments, etc.)

5. **FISCAL OFFICER APPROVAL** – Must be signed by Fiscal Officer

6. **OTHER INSTRUCTIONS:**

- Include the **Confirmation of Stop Payment (Mandatory requirement)** with your cancel request. Request form may be obtained through:
  - Emailing [Treasury.arp@tn.gov](mailto:Treasury.arp@tn.gov)
  - Finance and Administration website – >Looking For>Accounting Job Aides>Accounts Payable>Stop-Lift Payment Request Form
- Return the completed Form and Stop Payment confirmation to FA.Warrant@tn.gov**