

# REQUEST FOR COPY OF REDEEMED WARRANT

TO: District Advisory Services

DATE: \_\_\_\_\_

Monterey County Office of Education

FROM: \_\_\_\_\_  
Name District Number

WARRANT NUMBER \_\_\_\_\_ PAYEE \_\_\_\_\_

WARRANT AMOUNT \_\_\_\_\_ WARRANT DATE \_\_\_\_\_

-----  
WARRANT STATUS: REDEEMED (copy attached) \_\_\_\_\_  
OUTSTANDING \_\_\_\_\_

DATE: \_\_\_\_\_  
-----

White - MCOE  
Canary - District ( will be returned with status information )  
Pink - District ( retain )