PLEASE CANCEL

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| State of Kansas |
| Department of Administration |
| DA-7ge (Rev. 02.2013) |

**DATE:**

**TO:** Shelly Flint

Financial Systems Desk

**FROM:**

**SUBJECT:** GIRO-EFT Cancellation request

Please cancel the following:

Business Unit Number:

GIRO-EFT Transaction #:

Payee Name:

SMART ID:

Voucher #:

Issue Date:

Transaction Amount:

Reason for cancellation:

***Reinstate PO (encumbrance):***

***If yes, PO number:***