\*\*PLEASE CANCEL\*\*

|  |
| --- |
|  State of Kansas |
| Dept. of Administration |
| DA-7t&e (rev 2-13) |

**DATE:**

**TO:** Shelly Flint

 Financial Systems Desk

**FROM:**

**SUBJECT:** Travel and Expense Cancellation request

Please cancel the following:

Business Unit Number:

Payee Name:

Report ID#:

Issue Date:

Payment Amount:

Reason for cancellation: