

Department of Finance and Administration
OFFICE OF FISCAL MANAGEMENT
Bureau of Financial Control

LOST WARRANT REPLACEMENT REQUEST

The State Treasurer's Office **STOP PAYMENT REQUEST** form and the original **LOST WARRANT REPLACEMENT REQUEST** form must be sent directly to the STATE TREASURER'S OFFICE prior to the replacement of any lost warrant.

AFFIDAVIT FOR REPLACEMENT OF LOST WARRANT

Warrant Number _____ Original Issue Date _____

Warrant Amount \$ _____ Vendor Number _____

Payee Name _____

As the Payee, Authorized Payee's Representative or Agency Representative having knowledge of the facts, I certify that the above referenced warrant has been lost or destroyed and request that a replacement warrant be issued.

Printed Name _____ Signature _____

THE STATE OF _____ COUNTY OF _____

TOWN OF _____

Personally came and appeared before me, the undersigned authority in the jurisdiction aforesaid, the within named _____ who after first being placed on his/her oath, and having been established as a credible person with knowledge, did state that the matters contained within the above and forgoing Affidavit are based on knowledge and are true and correct as therein stated.

Sworn to and subscribed before me, on this the _____ day of _____, 2_____

Commission Expiration Date

Notary Public

Agency Name _____

Contact Name _____ Phone Number _____

E-mail Address _____