



Los Angeles County  
Office of Education

Division of School Financial Services • Payroll Section  
Affidavit and Request for Replacement of Lost Warrant

**Description of Warrant -- For district use only** (Please type.)

Payroll Warrant       Commercial Warrant

NAME OF PAYEE ON WARRANT			SOCIAL SECURITY NO. (PAYROLL)	
ADDRESS OF PAYEE				
WARRANT NO.	ISSUE DATE	AMOUNT \$	NAME OF SCHOOL DISTRICT OR AGENCY	NO.

**District or Agency Contact**

DATE OF THIS REQUEST	FIRST AND LAST NAME OF SCHOOL DISTRICT/AGENCY CONTACT PERSON	TELEPHONE NUMBER OF PERSON (    )	EXTENSION
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**Certification**      To be completed by person requesting replacement warrant

As *payee* or legal custodian, if a replacement warrant is issued, a *stop payment* will be placed on the original warrant, and *I am responsible for any fees if I attempt to cash the original warrant.*

Write in longhand the circumstances which caused the loss, mutilation, destruction, etc. **Do not print or type.**

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The warrant  was not endorsed       was endorsed       was endorsed "For deposit only"

I certify, under penalty of perjury, that the above information is true and correct. I understand that should I locate the original warrant, I am legally obligated to return it to the district office.

SIGNATURE OF PERSON CERTIFYING (PAYEE)	DATE SIGNED
PRINT NAME OF PAYEE	TELEPHONE NUMBER (    )
TITLE OF PERSON (COMPLETE IF PERSON SIGNING AFFIDAVIT IS NOT THE PAYEE)	

Complete the following if firm name and address are different from payee's.

NAME OF FIRM
ADDRESS OF FIRM

**Submit this form and copy of the payroll register/commercial warrant voucher to →**

School Financial Services, Room 132  
Attention: Replacement Warrant Desk  
Los Angeles County Office of Education  
9300 Imperial Highway  
Downey, CA 90242-2890

**For County Office Use**

WARRANT OUTSTANDING	DATE PAID	DATE PAID COPY SENT TO DISTRICT/AGENCY
REPLACEMENT SENT	<input type="checkbox"/> District/Agency <input type="checkbox"/> Warrant Investigation	
REPLACEMENT APPROVED BY (DEPUTY)	REPLACEMENT WARRANT NO.	DATE APPROVED
OTHER ACTION		