



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

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

<input type="checkbox"/> Payroll Warrant	<input type="checkbox"/> 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.**

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		