

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

Description of Wa	arrant For di	istrict us	se only (P	Please type.)				
Payroll Warrant		nmercial W	arrant					
NAME OF PAYEE ON WARRANT							SOCIAL SECURITY NO	O. (PAYROLL)
ADDRESS OF PAYEE							<u> </u>	
WARRANT NO.	ISSUE DATE	AMOUNT		NAME OF SCHO	OL DISTRICT OR A	GENCY		NO.
		\$						
District or Agenc	y Contact							
DATE OF THIS REQUEST	FIRST AND LAST NAME	OF SCHOOL D	DISTRICT/AGENCY (CONTACT PERSON		TELEPHONE NUMBER OF PERSON		EXTENSION
						()		
Certification	To be c	omplete	d by perso	n requesti	ng replace	ement warr	ant	
As <i>payee</i> or legal warrant, and <i>I am</i> Write in longhane	responsible for	any fees	if I attempt	to cash the d	riginal war	rant.	•	
						- — — — — —	- — — — — —	
The warrant w	as not endorse	ed	was end	orsed	was end	lorsed "For d	leposit only"	
I certify, under p	penalty of perj	ury, that					I understand	that should I
locate the original		egally obli	igated to retu	irn it to the d	istrict office	DATE SIGNED		
SIGNATURE OF PERSON CE	KIII TING (FATEL)					DATE SIGNED		
PRINT NAME OF PAYEE						TELEPHONE NUMBER		
TITLE OF PERSON (COMPLETE IF PERSON SIGNING AFFIDAVIT IS NOT THE PAYEE)						()		
Complete the follo	wing if firm nam	ne and ad	dress are dif	ferent from p	ayee'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 Co	unty Office	Use			
WARRANT OUTSTANDING		DAT	TE PAID			DATE PAID COF	PY SENT TO DISTRICT/F	AGENCY
REPLACEMENT SENT		 	_					
REPLACEMENT APPROVED I	DV (DEDLITY)		District/Age	ency REPLACEMENT	Warrant In	estigation	DATE APPRO	WED
REPLACEMENT APPROVED I	or (DEPUTY)			REPLACEMENT	WARKANI NO.		DATE APPRO	,∧⊆∩
OTHER ACTION								