



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
		( )	

**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		