

STATE OF ARIZONA WARRANT REPLACEMENT REQUEST CERTIFICATION FORM

THIS SECTION TO BE COMPLETED BY THE STATE AGENCY Complete the original warrant information and send the form to the payee.		
Payee or Vendor Name:	Agency 3 Digit AFIS Code:	Warrant Amount \$:
Address of Payee or Vendor:	Warrant Issue Date: (mm/dd/yy)	Warrant 9 Digit Number:
	Agency Contact Name:	Agency Contact Phone:

THIS SECTION TO BE COMPLETED BY PAYEE OR AUTHORIZED AGENT
<p><i>Definitions:</i> "Warrant" is a written authorization for the payment of money produced as a result of a request for payment. "Payee" is the exact name as on the original warrant. "Authorized Agent" is an officer, owner, general partner, member, or legal representative of the payee.</p> <p><i>Instructions:</i> 1. Completed form is to be mailed or delivered to the General Accounting Office at the address below. 2. Obtain a notary for the signature before sending or delivering the form. 3. If the warrant was damaged, submit the remaining portion(s) of the damaged warrant with this form. 4. If the lost or stolen warrant is found at a later date, return the original warrant to the following address. 5. Normally, a duplicate warrant will be issued within 5 to 10 working days.</p> <p style="text-align: center;">Arizona Department of Administration General Accounting Office 100 N. 15th Avenue, Suite 302 Phoenix, AZ 85007</p> <p>I, the payee or authorized agent, certify that the warrant described above was lost, stolen, destroyed, or damaged and payment has not been received. I request a duplicate warrant to be issued in the same amount and with the same expiration date as the original warrant. I agree to pay the loss or damage incurred by the State of Arizona, including attorney's fees, if this request is made fraudulently or the original warrant is paid.</p> <p>Payee or Authorized Agent Signature: _____</p> <p>Payee or Authorized Agent Printed Name: _____</p> <p>State of _____)</p> <p>County of _____)</p> <p>Subscribed and sworn (or affirmed) before me this ____ day of _____, 20____.</p> <p style="text-align: center;">_____ Notary Public</p> <p>(seal)</p>

THIS SECTION TO BE COMPLETED BY GAO/AWR		
AWR Stop Date: (mm/dd/yy)	Replacement Warrant 9 Digit Number:	Date of Issue: (mm/dd/yy)
Bank Confirmation: (mm/dd/yy)	Warrant Expiration Date: (mm/dd/yy)	Name of GAO Staff: