



☐ Payroll Warrant      ☐ Commercial Warrant

NAME OF PAYEE ON WARRANT				EMPLOYEE ID
ADDRESS OF PAYEE				
WARRANT NO.	ISSUE DATE	AMOUNT	NAME OF SCHOOL DISTRICT OR AGENCY	NO.

DATE OF THIS REQUEST	FIRST AND LAST NAME OF SCHOOL DISTRICT/AGENCY CONTACT PERSON	TELEPHONE NUMBER OF PERSON	EXTENSION
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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.**

**Please provide the details of** the circumstances which caused the loss, mutilation, destruction, etc.

[illegible]

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 WARRANTY NO.	DATE APPROVED
OTHER ACTION		