

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
AFFIDAVIT FOR ISSUANCE OF A REPLACEMENT WARRANT**

**THE INFORMATION REQUIRED BELOW MUST BE COMPLETED IN HANDWRITING BY THE RECIPIENT**

**PLEASE PRINT**

<b>First Name</b>	<b>M.I.</b>	<b>Last Name</b>
<b>Now Living at Street Number</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

I DO SOLEMNLY SWEAR (OR AFFIRM) UNDER PENALTY OF PERJURY THAT THE SALARY WARRANT NO. \_\_\_\_\_ ISSUED ON \_\_\_\_\_ FOR THE NET AMOUNT OF \$\_\_\_\_\_ HAS BECOME LOST OR DESTROYED OR WAS NEVER RECEIVED BY ME AND WAS NOT CASHED OR ENDORSED BY ME. IF, AT ANYTIME, I RECEIVE SAID WARRANT, **I WILL PROMPTLY RETURN IT TO LOS ANGELES UNIFIED SCHOOL DISTRICT, P.O. BOX 513307, TERMINAL ANNEX, LOS ANGELES, CALIFORNIA 90051-1307. I WILL NOT ENDORSE OR ATTEMPT TO CASH THE SAID ORIGINAL WARRANT. ANY ENDORSEMENT OF MY NAME WHICH APPEARS THEREON IS A FORGERY; I UNDERSTAND THAT A STOP-PAYMENT ORDER IS BEING PLACED ON THE SAID ORIGINAL WARRANT.**

I UNDERSTAND THE PROVISION OF SECTION 72 (PRESENTING FALSE CLAIMS) OF THE PENAL CODE, THE APPLICABLE PORTION OF WHICH PROVIDES THAT EVERY PERSON WHO, WITH INTENT TO DEFRAUD, PRESENTS FOR ALLOWANCE OR FOR PAYMENT TO ANY STATE BOARD OR OFFICER, OR TO ANY COUNTY, CITY OR DISTRICT BOARD OR OFFICER, AUTHORIZED TO ALLOW OR PAY THE SAME IF GENUINE, ANY FALSE OR FRAUDULENT CLAIM, BILL, ACCOUNT, VOUCHER, OR WRITING, IS PUNISHABLE EITHER BY IMPRISONMENT IN THE COUNTY JAIL FOR A PERIOD OF NOT MORE THAN ONE YEAR, BY FINE OF NOT EXCEEDING TEN THOUSAND DOLLARS (\$10,000), OR BY BOTH SUCH IMPRISONMENT AND FINE.

<b>SIGNATURE OF RECIPIENT</b>	<b>EMPLOYEE NO.</b>	<b>WORK LOC PHONE NO.</b>
<b>DATE SIGNED</b>	<b>BIRTHDAY</b>	<b>HOME TELEPHONE NO.</b>
		<b>DMV DL OR ID NO. (TYPE)</b>
<b>WITNESS &amp; VERIFIED BY</b>		<b>WITNESS TITLE</b>

**PLEASE INITIAL BELOW THAT YOU UNDERSTAND THE POLICY FOR ISSUANCE OF A REPLACEMENT WARRANT:**

- 100% OF ORIGINAL WARRANT WILL BE AVAILABLE IN 3 DAYS, PROVIDING THAT A COMPLETE AFFIDAVIT IS RECEIVED IN SALARY DELIVERY BY 10:30 A.M.

**PLEASE INDICATE YOUR CHOICE FOR DELIVERY OF THE REPLACEMENT WARRANT.**

- U.S. MAIL                     
  SCHOOL MAIL                     
  PICK-UP (AFTER 3:00)  
 LOC CODE: \_\_\_\_\_  
 NAME OF LOCATION: \_\_\_\_\_

<b>FOR SALARY DELIVERY USE ONLY</b>			
WARRANT NO. _____	AMT _____	DATE ISSUED _____	DIST. P/R NO. _____
EMPLOYEE NAME _____	EMPLOYEE NO. _____	VER. BY _____	
WARRANT WAS OUTSTANDING AS OF _____		WARRANT WAS PAID AS OF _____	
WARRANT REPLACED _____			
_____			