

Warrant Replacement Request Certification

| Agency Information | | | | | | | | | |
|---|-----|----------------------------|----------------|----------|--------------------------------|--|------|-------|--|
| Agency | | | | | | | Date | | |
| Agency Contact | | | | | | | EIN | | |
| Email Address | | | | | | | | | |
| Definitions and Instructions | | | | | | | | | |
| Definitions: "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. | | | | | | | | | |
| Payee Instructions: 1. Ensure the Warrant Detail information is correct. 2. Obtain a notary to verify the signature BEFORE emailing the form to the Agency Email Address. 3. Completed and notarized form is to be emailed to the Agency Email Address listed above. | | | | | | | | | |
| Agency Instructions: 1. For bank type 07 and 21 warrants, attach a completed GAO-6 form to the cancellation document in order to reissue the payment. 2. For bank type 22, payroll warrants, a payroll manager should email the completed and notarized GAO-6 form to AFIS.OPERATIONS@AZDOA.GOV. 3. For interfacing agencies and the state universities, a replacement warrant will be issued within 5 to 10 business days. Please verify the replacement warrant is visible on the CHREC table in AFIS before releasing the replacement warrant to the payee for payment. GAO will not be responsible for any overdraft fees if a replacement warrant is cashed before the replacement warrant is visible on the CHREC table in AFIS. | | | | | | | | | |
| Warrant Detail Information This section must be completed by the Agency before sending to the payee for signature verification by a notary. | | | | | | | | | |
| Payee or Vendor Na | ame | | | | Address of the Payee or Vendor | | | | |
| Agency Phone | | | | | | | | | |
| Warrant 9 Digit Number | | | Warrant Amount | | Agency Address | | | | |
| Warrant Issue Date | | | | | | | | | |
| Certification 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 as the original warrant. I agree to pay the losses or damages incurred by the State of Arizona, including attorney's fees, if this request is made fraudulently or the original warrant is paid. | | | | | | | | | |
| Payee or Authorized Agent Signature Date | | | | | | | | | |
| Signature | | | | <u> </u> | | | | | |
| Name | | | | Title | | | | Phone | |
| State of | | | 1 | County | of | | | | |
| Subscribed and sworn (or affirmed) be | | r affirmed) before me this | | Day of | | | , | , 20 | |
| | | | | | | | | | |
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Notary Public