

WARRANT REPLACEMENT REQUEST CERTIFICATION FORM

Important: For bank type 22 (Payroll) warrants only, email completed and notarized form to AFIS.OPERATIONS@AZDOA.GOV.
For all other bank types, you must follow the instructions below to avoid delays in processing.

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:		Address of Payee or Vendor:		
Agency 3 Digit AFIS Code:	Agency Contact Name:	Agency Contact Phone:	Agency Address:	
Warrant 9 Digit Number:	Warrant Issue Date:	Warrant Amount \$:		

THIS SECTION TO BE COMPLETED BY THE PAYEE OR AUTHORIZED AGENT

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.

Instructions:

1. Completed form is to be mailed or delivered to the Agency Address listed in the above section.
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 issues within 5 to 10 working days.

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.

Payee or Authorized Agent Signature: _____

Payee or Authorized Agent Printed Name: _____

State of _____)

County of _____)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____.

Notary Public

(seal)

THIS SECTION TO BE COMPLETED BY GAO/AWR

AFIS Stop Date: (mm/dd/yy)	Bank Approval: (mm/dd/yy)	Bank Confirmation: (mm/dd/yy)
----------------------------	---------------------------	-------------------------------