From: Lena Young-Gallardo
Sent: Thursday, February 22, 2024 3:16 PM
To: BSD-CBO List; BSD-FinMgrsMeet List; Newpy List
Cc: BSD-ExecutiveStaffList; BSD-DFS List
Subject: DFS Affidavit Form
Attachments: District Financial Services Affidavit2024.pdf

Good afternoon,

District Financial Services is working on updating our forms. Attached is the newest version of the District Financial Services Affidavit form which is now fillable. This form is used to place a stop payment on either a commercial or payroll warrant. Please begin using the new form immediately.

Thanks,
Lena

Transforming lives through education
Lena Young-Gallardo, Director
District Financial Services
San Bernardino County Superintendent of Schools
760 E. Brier Drive, San Bernardino, CA 92408
P: 909.388.5701 | F: 909.388.5735
http://www.sbcss.k12.ca.us

DISTRICT FINANCIAL SERVICES AFFIDAVIT

I, _____ , being duly sworn, certify that a school district warrant, herein described, was lost, destroyed or stolen on or about (Date: _____) and that a fair and true statement of all the facts relative to the loss of this warrant is stated below.

I certify under penalty of perjury, that the foregoing is true and correct.

_____
PAYEE SIGNATURE (or vendor representative) DATE

WARRANT INFORMATION

SCHOOL DISTRICT INFO ONLY: REISSUE WARRANT #
DATE:

DISTRICT NAME:		DISTRICT NUMBER:	
ISSUE DATE:		MAIL DATE:	
WARRANT NUMBER:		FUND & ACCOUNT NUMBER:	
WARRANT AMOUNT:		PAYEE:	

_____ _____ _____ _____
AUTHORIZED AGENT SIGNATURE DATE DISTRICT CLERK DATE

PAYROLL ONLY

CLASS ☐ CERT ☐ CRED RT ☐ SSN: XXX-XX _____

PAY PERIOD, FROM _____ TO _____

GROSS		MEDICARE	
***TSA**		***SDI**	
***CAFE**		STRS	
TAXABLE GROSS		PERS	
FEDERAL TAX		EIC	
***VOL-DEDS**		DNP	
***ALT RETIRE SYSTEM**		STATE TAX	
NET PAY		FICA	
		SURVIVOR BENEFITS	

NOTE: ATTACH WITH THIS FORM A VOL-DED CORRECTION OR VOL-DED CANCELLATION FORM 2 COPIES (CANCEL INFORMATION *INCLUDES TSA, CAFE, SDI, VOL-DEDS, ALT RETIRE SYSTEM)

DATE CANCELLED IN EAS _____ DATE CANCELLED IN F2K _____ INITIAL _____

Auditor

☐ STOP PAYMENT NOTICE

SCHOOL DISTRICT	FUND/FAS	PAYEE	
ISSUE DATE	AMOUNT	WARRANT #	
DFS MANAGEMENT	DATE	DFS AUDIT CLERK	DATE