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