

SOLANO COUNTY OFFICE OF EDUCATION

AFFIDAVIT TO OBTAIN DUPLICATE OF LOST/STOLEN/DESTROYED WARRANT
STATE OF CALIFORNIA, COUNTY OF SOLANO

I hereby declare that I am the legal owner and/or payee of a warrant described below which has been lost, stolen, or destroyed as indicated. The warrant has not been negotiated by me or by the company or organization I represent, and I am requesting issuance of a duplicate warrant to replace it. If the missing warrant is recovered, I will return it, uncashed, to the Solano County Office of Education.

Warrant Information:

Payee: _____

Payee is (circle one): vendor employee

Amount: \$ _____

Warrant Number (if known): _____

Date of Issuance (if known): _____

School District Issuing Warrant: _____

Fund Number (if known): _____

Circumstances of loss (describe, including date, place and full details, and specify lost, stolen, or destroyed):

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Date: _____

Signature

Printed Name: _____

Title (if vendor): _____