Mt. Diablo Unified School District

Fiscal Services Department
1936 Carlotta Drive, Concord, CA 94519
Phone: (925) 682-8000

Request for Warrant Replacement

Payee Information

Payee Name: _____ Employee ID: _____

Payee Address: _____

_____

Phone Number: _____

Email Address: _____

Warrant Information

Warrant Number : _____

Warrant Date: _____

Warrant Amount: $ _____

Issued By (Department): _____

Affidavit and Certification

I, the undersigned, hereby certify that the above-described warrant has been:

☐ Lost and cannot be found

☐ Destroyed and is no longer negotiable

☐ Outdated / Stale-dated (may take up to 30 days to process)

I affirm that I have not cashed or deposited the warrant, nor received payment in any other form. I agree to return the original warrant to MDUSD immediately if it is found, and understand that **cashing both the original and replacement warrant is considered fraud** and may be subject to legal action.

I respectfully request the reissuance of the warrant by the Mt. Diablo Unified School District.

Signature of Payee: _____ **Date:** _____

District Use Only

Received by: _____ Date: _____

Replacement Warrant #: _____ Processed by: _____ Date: _____

LEGAL REFERENCES:

Section 42660 of Education Code
Section 29850-2 of the Government Code
Section 2015.5 of the Code of Civil Procedure

Signature of Receipt

_____

Signature Date