



DECLARATION TO OBTAIN DUPLICATE OF
LOST OR DESTROYED WARRANT AFFIDAVIT

Certification To be completed by the Payee

☐ Payroll Warrant ☐ APY Warrant				
NAME OF PAYEE ON WARRANT			EID# / VENDOR #	
WARRANT NO.	ISSUE DATE	NET AMOUNT		

The original warrant was ... ☐ Never received ☐ Damaged/Destroyed ☐ Lost after receipt		
By signing below I declare as follows: That I am the legal owner of the check described above drawn by the Superintendent of Visalia Unified School District, in favor of the above stated payee as payee thereof; that said check has not been paid, but was (LOST) or (DESTROYED) before the same was paid by the County Treasurer of the County of Tulare and cannot now be produced; and that the circumstances, and all material facts relative thereto, are as stated. I declare under penalty of perjury that the foregoing is true and correct.		
SIGNATURE OF PAYEE OR CERTIFYING PARTY	PRINT NAME OF SIGNATORY	DATE

FOR DISTRICT USE ONLY	
DATE OF THIS REQUEST	REQUESTED BY
STOP PAYMENT DATE:	STOP PAYMENT BY:
REPLACED BY:	HAND WARRANT NUMBER: