County of San Diego, Auditor and Controller, Central Payroll Division
Payroll Warrant Replacement Request Form

PLEASE PRINT OR TYPE – COMPLETE ALL SECTIONS. FAILURE TO COMPLETE ALL SECTIONS WILL DELAY PROCESSING. ALLOW THREE WEEKS FOR PROCESSING.

EMPLOYEE INFORMATION

Date of Request	EmplId	Social Security No.	Driver's License No.		State

Last Name			First Name		MI

Address	Apt #	City	State	Zip Code	Day Time Phone Number
					( ) -

REASON FOR REQUEST

☐ Destroyed Warrant
☐ Lost Warrant
☐ Never Received Warrant
☐ Overage Warrant (Attach the overage warrant to this request form, if available.)

EXPLAIN WHAT HAPPENED TO THE WARRANT

_____
_____
_____
_____

INSTRUCTIONS
Attach copy of Driver's License and return to:
Central Payroll Administration
5530 Overland Ave, Suite 410
San Diego, CA 92123
(858) 694-2051

WARRANT INFORMATION

Issue Date	Payee Full Name	Warrant/Check No.	Amount

AFFIDAVIT: DECLARATION TO OBTAIN SUBSTITUTE PAYROLL WARRANT

I, the undersigned, declare under penalty of perjury that I am the owner of said unclaimed monies and the person entitled to receive the money set forth in the claim. Furthermore, I agree to indemnify and hold harmless the County of San Diego, its officers, and its employees from any loss resulting from the payment of this claim. I am the payee/assignee of original warrant number _____ dated _____, in the amount of _____, payable to _____.
I hereby request that the Auditor and Controller draw a new warrant in my favor for the same amount as the original warrant.

At _____ on _____, _____
      (City & State)   (Day)   (Month/Year)

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

_____   _____
Signature of Payee   Print Name

Please indicate for delivery purposes: ☐ **Pick up* or** ☐ **U.S. Mail**
You will be notified at the above listed daytime phone number when the warrant is available for pick up.*

Notary Seal

Signature must be notarized if payee is not a California resident.

_____
NOTARY PUBLIC SIGNATURE

FOR AUDITOR USE ONLY

AUDITOR'S APPROVAL FOR ISSUANCE OF NEW WARRANT IN LIEU OF VOID WARRANT
The above said warrant is approved for issue from:

| | | | **Manager's Approval** | **Date** |
| | | | | |

Fund/Org. Unit: _____ *Account:* _____ *Project:* _____ *Award:* _____

Date: _____ *By:* _____

Was this affidavit presented more than three years after the warrant issue date? ☐ YES ☐ NO

     ☐ YES ☐ NO   ❖ If YES, has the notice of the unclaimed money been published once a week for two successive weeks in a newspaper of general circulation published in the local agency? (Government Code 50050)

     ☐ YES ☐ NO   ❖ Has the unclaimed money been escheated?
         If YES, to which ***Fund/Org. Unit:*** _____ ***Account:*** _____

AUDITOR'S REISSUE OF WARRANT

On _____, the Auditor and Controller issued warrant number _____ to _____ payee for

$_____ to replace voided warrant number _____ described above.

     Date: _____ *By:* _____