



OFFICE OF THE RIVERSIDE COUNTY AUDITOR-CONTROLLER

Main Phone (951) 955-3810

MUST BE FILLED IN:

Dept. Rep Name:
Dept Rep. Phone Number:
Dept.

LOST WARRANT AFFIDAVIT CATEGORY 2 (PAYROLL WARRANT)

\*Date:

I DECLARE THAT: \* A. I am the ( ) Legal Owner or ( ) Custodian of:

\* B. Warrant Number: 2 - \*C. Dated: Employee ID Number

D. In the amount of: \$ \*E. Payable to:

\*F. Address:

CHECK ONE:

\*G. Which was: ( ) Lost; ( ) Destroyed; or ( ) Never Received (Please check one)

Mail New Warrant (Original Signature required)
EE Will Pickup New Warrant

\*H. On or about: (date) - -

I. All MATERIAL FACTS surrounding the Loss or Destruction of this warrant are required for all declarations as noted by the asterisk (\*):

J. This warrant was issued by the Auditor-Controller of Riverside County on the Payroll Fund. I understand that I cannot cash this missing COUNTY WARRANT if it comes into my possession. If it does, I agree to IMMEDIATELY return it to:

County of Riverside Auditor-Controller PO Box 1326 Riverside, Ca 92502-1326

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge, and was

executed on Month Day 20 Year at, California.

\*Employee Signature

\*Employee Name (Please type or print)

\*Mailing Address

\*City State Zip

\*Work Phone: ( ) \*Home Phone ( )

Not Cashed as of: Stopped with Union Bank:

Person initiating Stop Payment: Date

Warrant Validation Updated: Date

Person Replacing Lost Warrant:

New Check#

\*Employee Must Fill In Original Document required for mailing

Central Payroll Fax (951) 955-3814