

STATE OF OKLAHOMA
WARRANT REPLACEMENT REQUEST

DATE _____

☐ Canceled by Statute (Warrant)
Attach Warrant

☐ Canceled by Statute (No Warrant)
Complete Notary

☐ Active Lost or Destroyed
*Complete Notary and attach OST
Stop Pay Confirmation*

REQUIREMENTS FOR REISSUE:

- Pursuant to Statute 62 – 34.80 & 34.81
- Any changes or Special Circumstances must be approved; submit requests to the replacement email listed on Pg. 2
- The 20R form does not replace 700 Fund Warrants
- Stop Pay Placed on Outstanding/Active Lost or Destroyed Warrants
- Stat Cancel Not Exceeding 36 Months Following the month in which the warrant was canceled

WARRANT INFORMATION:

Agency #	Warrant #	Issued Date	Amount
Vendor / Payee / Holder In Due Course			Vendor ID
			V. Loc. #
PeopleSoft Voucher(s)			

PAYEE NOTARY:

I, _____, (print name) being duly sworn according to law, depose and state that the above listed warrant was lost or destroyed, and was not older than 3 years or 36 months passed the date of canceling by statute. The loss or destruction occurred on or about _____, 20____, under the following circumstances: _____. The warrant was (not) endorsed as the below notarized signature. The payee / holder in due course will not subsequently present the missing warrant for payment. In consideration of the issuance of a replacement, the undersigned payee / holder in due course, agrees to indemnify and protect the State of Oklahoma from any loss or harm arising from the issuance of such replacement warrant.

Signature – Payee / Holder in Due Course

Title or Position

Business Name

State of _____ County _____

Subscribed and sworn before me _____, 20____

My Commission expires _____, 20____

Notary Public or Clerk or Judge

RESERVED FOR STATE AGENCY - BELOW

WARRANT CONTACT:

Questions, rejections, and Stat Canceled warrants will be sent to the attention of the warrant contact listed below.

Agency Reissue Requestor Name	Phone Number	E-Mail Address

FORM APPROVAL:

>>> I hereby certify that to the best of my knowledge the above information is true and factual. <<<

Agency Approving Officer Signature

Title or Position

Date

SUBMIT THIS PAGE ONLY

FORM SUBMISSION:

Please submit this signed form and a scanned copy of the warrant (if applicable) to
OMESTPAccountsPayable@omes.ok.gov.