

Schools Affidavit/Claim Form



Application for a Duplicate Warrant/Check (definitions are on page 2)

STATE OF ARIZONA
COUNTY OF MARICOPA

Note: Numbers on this form correspond to numbers on the Instruction sheet which is page 2 of this form.

_____(1), being first sworn, upon oath deposes and says:
Name/Claimant

On or about _____ (date)(2) a warrant/check was issued to the above named person/entity in the amount as stated below. Such warrant/check was either never received or was subsequently inadvertently lost or destroyed and there is no reasonable probability of its being found or presented for payment, **or** it was not presented for payment within one year after the date of issuance.

Therefore, under penalty of perjury, claimant hereby affirms that this claim is correct and the amount shown is due and owing, and the applicant requests that a replacement warrant/check be issued to him/her in the sum of \$_____(3)

Signed: _____(4)

<p>(5) Subscribed and sworn to before me this _____ day of _____ 20____.</p> <p>_____</p> <p>NOTARY PUBLIC</p> <p>My commission expires: _____</p> <p style="text-align: right;">(seal)</p>

Note: Please attach a copy of the warrant/check if available and/or any other evidence that a warrant/check was originally issued.

Warrant/Check Number (if known) (6)	
Original Date of Issue (if known) (7)	

Reason for original issue of Warrant/Check (8):

- Payroll
- For Services or Goods furnished _____
- Other: _____