

**AFFIDAVIT FOR LOST OR NOT RECEIVED WARRANT**

State Form 42850 (R/06-01)

Approved by State Board of Accounts 2001

Approved by the Auditor of State 2001

Warrant Payable To (Name):		Street Address:	
City, State, Zip:		Telephone Number with Area Code:	
Warrant Number:	Warrant Date:	Warrant Amount:	

I am requesting a rewrite of the above described warrant for the following reason: (check one box)	
<input type="checkbox"/>	I have not received this warrant
<input type="checkbox"/>	I have received this warrant but it was lost, stolen or destroyed. This happened as follows:
I certify under penalty of perjury that the above information is true and correct and that I have not at any time received payment on this warrant or any other warrant for payment of this claim. I understand that payment on this warrant will be stopped, and I may not cash this warrant if it is received. If I receive this warrant, I will return it to the Indiana Auditor of State at 240 State House, 200 W. Washington St., Indianapolis, IN 46204-2793	
Signature of Requestor:	Date subscribed and sworn to Notary Public:
Printed Name of Requestor:	Social Security Number or Tax ID Number:

STATE OF: _____	}	SS:
COUNTY OF _____		
Subscribed and sworn to before me, a Notary Public, in and for said County and State, this _____ day of _____, 20____.		
Signature of Notary Public:	County of Residence:	
Printed or Typed Name of Notary Public:	Date Commission Expires:	