



GENERAL INSTRUCTIONS

The issuing State Agency completes the warrant information and sends the Warrant Status Change Request form to the payee. The payee signs the certification and returns the form back to the issuing agency. The agency verifies the warrant is not redeemed, signs the **Certifying Officer** section, and submits the form to the Division of Finance.

For General Warrants - Return Completed Form to doa.dof.acctsvcs.edi@alaska.gov
For Payroll Warrants / Direct Deposit Recalls - Return Completed Form to **DOF Payroll Contact**

WARRANT INFORMATION

Warrant Type

GENERAL WARRANT

PAYROLL WARRANT

PAYROLL DIRECT DEPOSIT RECALL

Warrant Details

| WARRANT NUMBER | NET AMOUNT | ISSUE DATE | AD/MDPR DOCUMENT NUMBER |
|----------------|------------|------------|-------------------------|
|----------------|------------|------------|-------------------------|

Please **cancel**
cancel and reschedule (NOTE: DOF may only reschedule payments if no changes are necessary.)
recall direct deposit

For the following reason:

WARRANT DESTROYED IN ERROR

WARRANT NEVER RECEIVED

WRONG PAYEE

WARRANT LOST

WRONG AMOUNT

DUPLICATE PAYMENT

WARRANT STOLEN

OTHER: _____

| PAYEE NAME | EMPLOYEE ID NUMBER | EMPLOYEE DEPT NUMBER |
|------------|--------------------|----------------------|
|------------|--------------------|----------------------|

| PAYEE ADDRESS | CITY | STATE | ZIP CODE |
|---------------|------|-------|----------|
|---------------|------|-------|----------|

PAYEE SIGNATURE

I CERTIFY I HAVE NOT CASHED THIS WARRANT AND I WILL NOT CASH IT IF FOUND. I understand a replacement warrant, if applicable, cannot be issued until a cancellation posts in the State's Financial System. If I locate the original warrant, I will immediately mark it VOID and mail it to STATE OF ALASKA, DEPARTMENT OF ADMINISTRATION, DIVISION OF FINANCE, PO BOX 110204, JUNEAU, AK 99811-0204. **Required if over \$5,000 and the warrant is not attached.**

| PAYEE SIGNATURE | DATE | PAYEE PHONE NUMBER |
|-----------------|------|--------------------|
|-----------------|------|--------------------|

AGENCY OR PAYROLL SERVICES/AGENCY HR CERTIFYING OFFICER ACTION

I certify that the facts herein and on supporting documents are correct. This transaction constitutes a legal charge against funds and/or appropriations cited, sufficient funds are encumbered to pay this obligation, or that there is a sufficient unencumbered balance in the funds and/or appropriation cited to cover this obligation. I am aware to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-820. Other disciplinary action may be taken up to and including dismissal.

| PRINTED NAME | DEPARTMENT | PHONE NUMBER |
|--------------|------------|--------------|
|--------------|------------|--------------|

SIGNATURE

DATE

DIVISION OF FINANCE USE ONLY

PAYROLL SYSTEM REVERSED _____ DOF SIGNATURE _____
 FINANCIAL SYSTEM CANCEL _____ DOF NOTES _____