## State of Alaska Department of Administration

## Warrant Status Change Request

Please Print or Type

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

WARRANT INFORMATION						
Warrant Type						
GENERAL WARRANT	PAYROLL WARRANT	PAYR	OLL DIRECT DEPOSIT RECAL			
Warrant Details						
WARRANT NUMBER		SUE 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 ERF	OR WARRANT NEVER RECE		WRONG PAYEE			
WARRANT LOST	WRONG AMOUNT	I	DUPLICATE PAYMENT			
WARRANT STOLEN	OTHER:					
PAYEE NAME	EMPLOYEE	ID NUMBER	EMPLOYEE DEPT NUMBER			
PAYEE ADDRESS	СІТҮ	S	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 \$5,000 and over 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
		DATE
DIVISION O		
PAYROLL SYSTEM REVERSED	DOF SIGNATURE	
FINANCIAL SYSTEM CANCEL	DOF NOTES	