

SECTION 8: PAYMENTS
EXHIBIT 8C: WARRANT STATUS CHANGE REQUEST FORM

**STATE OF ALASKA
WARRANT STATUS CHANGE REQUEST**

GENERAL INSTRUCTIONS FOR STOP PAY/REISSUE AND CANCEL/REISSUE OF STATE WARRANTS

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Court Warrant | <input type="checkbox"/> General Warrant | <input type="checkbox"/> Field Warrant | <input type="checkbox"/> Hand Write Warrant | <input type="checkbox"/> Welfare Assistance |
| <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Permanent Fund | <input type="checkbox"/> Post Secondary | <input type="checkbox"/> Retirement & Benefits | |

The issuing State Agency identifies the warrant class above, fills in the warrant # and agency address, and faxes the Warrant Status Change Request form to the payee. The payee completes the reason for requesting a warrant be stop paid and reissued, signs the certification, and faxes the form back to the issuing agency. The agency verifies the warrant is not redeemed, enters the AKSAS transaction, and fills in the *Completed By Agency* section. Once the stop pay transaction processes, the agency may reissue the warrant.

COMPLETED BY PAYEE AND FAXED TO AGENCY

PROVIDED BY ISSUING AGENCY

Please stop pay and reissue State of Alaska warrant number _____ for the following reason:

- Warrant Destroyed in Error Warrant Lost Warrant Never Received Warrant Stolen Warrant Damaged

Other: _____ Why Box Checked: _____

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 stop payment posts in the State's Accounting System. If I locate the original warrant, I will immediately mark it void and mail it to:

AGENCY NAME	AGENCY ADDRESS	CITY	STATE	ZIP
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Payee Signature: _____ Phone: _____ Date: _____

COMPLETED BY AGENCY

WRT CLASS	WARRANT NUMBER	AMOUNT	ISSUE DATE	OLD STATUS	NEW STATUS
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PAYEE NAME	PAYEE ADDRESS	CITY	STATE	ZIP
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AGENCY 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.

DATE	CERTIFYING OFFICER'S SIGNATURE	TELEPHONE NUMBER
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DEPARTMENT	CERTIFYING OFFICER'S PRINTED NAME	MAIL STOP NO.
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DIVISION OF FINANCE USE ONLY

REJECTED _____ REDEEMED DATE _____ OTHER _____

ACCEPTED _____
REISSUED WRNT # FORGERY NUMBER ACCOUNTING SERVICES SIGNATURE DATE

ACCEPTED _____
DOF PAYROLL SIGNATURE DATE