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

	WARRANT IN	FORMATION			
	Warrai	nt Type			
GENERAL WARRANT PAYR		/ARRANT	PAYROLL DIRE	CT DEPOSIT RECALL	
	Warrant	: Details			
WARRANT NUMBER Please cancel	NET AMOUNT	ISSUE DATE	AD/MDP	R DOCUMENT NUMBER	
cancel and reschedule (No recall direct deposit	OTE: DOF may only re	schedule payments if	no changes are n	ecessary.)	
For the following reason:					
		ER RECEIVED		WRONG PAYEE	
WARRANT LOST	WRONG AMOU	WRONG AMOUNT DUPLICATE PAYMENT OTHER:		PAYMENI	
WARRANT STOLEN	OTHER:				
PAYEE NAME EMPLOYEE ID NUMBER		EMPLOYEE DEPT NUMBER			
PAYEE ADDRESS		CITY	STATE	ZIP CODE	
	PAYEE SIG	GNATURE			
applicable, cannot be issued until a cancellatio it VOID and mail it to STATE OF ALAS 110204, JUNEAU, AK 99811-0204. <i>Require</i> PAYEE SIGNATURE	SKA, DEPARTMENT	OF ADMINISTRATION	ON, DIVISION C		
AGENCY OR PAYROLL SERVICES/A					
I certify that the facts herein and on supporting propriations cited, sufficient funds are encurred and/or appropriation cited to cover this obligation knowingly destroy, mutilate, suppress, conceautampering with public records punishable uncontrolled.	ng documents are correct lbered to pay this obligation. I am aware to kno l, remove or otherwise i	ct. This transaction constion, or that there is a wingly make or allow fampair the verity, legibili	stitutes a legal charg sufficient unencumb lse entries or alterat ty or availability of :	e against funds and/or ap- pered balance in the funds ions on a public record, or a public record constitutes	
PRINTED NAME		DEPARTMENT	F	PHONE NUMBER	
SIGNATURE				DATE	
D	IVISION OF FIN	IANCE USE ONI	LY		
☐ PAYROLL SYSTEM REVERSED _		DOF SIGNATURE			
☐ FINANCIAL SYSTEM CANCEL		DOF NOTES			