



Ensure that the most current form is submitted. Refer to EMACS Forms/Procedures website.

County of San Bernardino
**LOST/STOLEN/DESTROYED WARRANT
DECLARATION**

SECTION A (To be Completed by Payroll Specialist)

Employee ID	Warrant Number	Issue Date	Amount
Department			Dept ID
Payroll Specialist Name (Print & Sign)			Telephone

SECTION B (To be Printed by Employee in Blue or Black Ink)

I, _____, hereby certify that the facts stated below are true to the best of my knowledge and belief; that heretofore there was drawn on San Bernardino County a certain warrant, as identified above, payable to the order of myself and that said warrant was lost/stolen/destroyed. The following is a true statement of all facts relative to its loss or destruction:

I understand that a "stop payment" will be placed on the lost/stolen/destroyed warrant and that if I should receive the original warrant, I am to return the warrant to the Auditor/Controller's Office.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on the _____ day of _____, _____
at _____, California.

Mailing Address		City	State	Zip
Social Security Number	Telephone	Employee Signature		

Check appropriate option:

Mail: I request to have my reissued pay warrant mailed to the mailing address listed above

Pick-up: I request to pick-up my reissued pay warrant at Central Payroll

Note: You will be notified by your department payroll specialist when your pay warrant is ready to be picked up. State issued photo identification is required when picking up pay warrant. County/Department ID will not be accepted.

SECTION C (Must be completed by an authorized department representative who witnessed the employee's signature in person)

Witness Name (Print & Sign)	Witness Telephone
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