



OFFICIAL USE ONLY	
Location:	_____
Academic year:	_____

LOST WARRANT AFFIDAVIT FORM

I, _____, the undersigned, declare as follows:
 (FIRST NAME) (MI) (LAST NAME)

1. I am the legal owner or custodian of the following warrant/check:

LACCD WARRANT/CHECK NUMBER _____

DATE OF WARRANT/CHECK _____

AMOUNT _____

NAME OF PAYEE _____

2. I am requesting a replacement of the above warrant/check due to reason indicated:

- Not Received through the US Mail
- Received, but subsequently lost / misplaced
- Stale dated check—original check being returned with this form
- Stolen warrant / check
- Other _____

3. I understand that if I find the original warrant/check after I submit this form, I cannot cash the original warrant/check but instead must return it to the Business Office. If, after I submit this form, I find the original warrant/check, and attempt to cash it, I will be solely responsible for all the fees imposed by my banking institution which includes, but not limited to, fees for “stop payment” on the check.

If this is a Financial Aid Warrant/check, I am aware that replacement of the warrant/check will be mailed to the address on file with Admissions & Records/Financial Aid Office. It is the student's responsibility to notify College Admissions & Records and the Financial Aid Office of address change(s).

4. Current address: Check the box (to right) if this is your new address:

_____	_____
STREET ADDRESS	CITY, STATE, ZIP CODE
_____	_____
SIGNATURE	DATE
_____	_____
Financial Aid Student ID / Payroll Employee Number / Vendor Number	PHONE NUMBER
_____	_____
WITNESSED BY	DATE
SIGNATURE OF DISTRICT EMPLOYEE (Applicable for Financial Aid Warrant only)	DATE

FINANCIAL AID USE ONLY	
_____	This Student is eligible to receive financial aid. Please re-issue the warrant listed above from a prior year award.
_____	The warrant should be delivered to the College Business Office for transmittal to the student payee.
_____	Approved by Financial Aid Administrator or designee _____ Date: _____

BUSINESS OFFICE USE ONLY	
_____	Date Form Received
_____	Copy of this form provided to the student

INSTRUCTIONS FOR COMPLETING THE LOST WARRANT AFFIDAVIT FORM

Instructions for Financial Aid Warrants (for College Work-Study see section below):

1. Student must go to the Financial Aid Office to request for replacement of a lost warrant.
2. Completed Affidavit form must be submitted to the College Business Office.
3. The Business Office will forward the Affidavit to the District Accounting Unit for processing.
4. The replacement warrant will be mailed to the address on file with the College Financial Aid/Admissions & Records Office.
5. The College Business Office will contact the student if additional information is needed.

If the warrant/check has not been cashed, replacement of the warrant/check will take approximately three weeks from the time the Affidavit form has been submitted to the District Accounting Unit.

If the warrant/check has been cashed, the process of investigation of the warrant/check may take three months.

Instructions for Non-Financial Aid Warrants:

a. Payroll Warrants (Employees—including College Work-Study):

1. Obtain specific payroll check information for part #1 of this form from your College Payroll Assistant or the Single Point of Contact ("SPOC") person at your College.
2. Complete parts #2 through #4.
3. Submit completed form to your Campus Payroll Assistant or the Single Point of Contact (SPOC) person at your campus.

b. Warrants to Vendors (Accounts Payable):