

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
COUNTY OF CONTRA COSTA
COUNTY AUDITOR-CONTROLLER
LOST/DESTROYED WARRANT CERTIFICATE

FOR PAYROLL USE ONLY

Social Security # _____

Employee ID # _____

Home Phone # _____

Work or Cell Phone # _____

Replacement

Check # _____

Date: _____

Stop Payment Placed On: _____

I (name), _____

residing at (address): _____ in the

city of _____, California, (Zip Code) _____

County of _____, declare that:

I am the owner and holder of that certain warrant, dated _____, check number _____ drawn by the County Auditor-Controller of the County of Contra Costa on **8807** Fund of said County, in favor of **same** payee thereof, in the amount of \$ _____

That said warrant was (lost, stolen, lost in mail, etc.) _____ before the same was paid to me:

That I received no benefit or value from the proceeds of said warrant and no part thereof was applied to any use in my behalf:

I did not endorse the warrant.

I endorsed the warrant as follows _____

That the material facts relative thereto are as follows: _____

I understand that in signing this form I am aware that if I receive the above mentioned check and attempt to cash or deposit it, that the funds will not be covered and I will be responsible for all overdraft fees incurred in doing so. Further, I agree to immediately return to WCCUSD un-cashed the said warrant if it comes into my possession.

Initial

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT

Signature

Date

Signature of Witness

Date

LEGAL REFERENCES:
Section 29850 - 2 of the Government Code
Section 2015 of the Code of Civil Procedure

Lost Warrant Form/Payroll Dept

Revised 10/5/2017