

721 Cliff Drive, Santa Barbara, CA 93109

AFFIDAVIT TO OBTAIN DUPLICATE OF LOST OR DESTROYED WARRANT

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA } ss

_____ ; being duly sworn, says: That

he/she is the said legal owner of that certain county warrant numbered ____ - ____ - ____ - ____,

dated ____ / ____ / 2 0 ____, and drawn by the county auditor of the County of Santa Barbara,

on the GENERAL FUND School District Fund (fund number 9610) of said County, in favor

of _____ as payee thereof, for

_____ dollars (\$_____.____);

That said warrant has not been paid but was lost / destroyed before the same was paid by the county treasurer of said County of Santa Barbara and cannot now be produced by the said legal owner.

That the circumstances of such loss and all material facts relative thereto, are as follows:

I understand that if I receive the above warrant I agree **not** to cash the warrant but instead to return the said warrant to district.

Signature of Payee

Date signed

Printed name of Payee

Phone number of Payee

District Authorized Contact

District phone number

ROUTING BOX	
Originate by _____	Date _____
Student K number _____	
Check FINN _____	Date _____
Sent to Accountant _____	Date _____
Process by Accountant _____	Date _____