FRMS-54

Rev. 09/2015

**STATE OF ALABAMA**

**DEPARTMENT OF FINANCE**

**DIVISION OF CONTROL AND ACCOUNTS**

**REQUEST FOR DUPLICATE WARRANT**

**NOTE: DO NOT CASH WARRANT AFTER SUBMITTING REQUEST FOR DUPLICATE.**

Please return this form to the state agency that issued the warrant. This will notify the State Comptroller to stop payment on the warrant and to issue a duplicate warrant. A warrant marked “DUPLICATE” will be forwarded to you by the issuing agency.

Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Warrant Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Voucher Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Warrant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fund No. on Warrant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vendor # (FEIN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Payee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vendor Cust # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Payee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under penalty of perjury, I certify that the above warrant issued by the State of Alabama was mutilated, destroyed, or lost. I hereby request that the State Comptroller stop payment and issue a duplicate warrant in accordance with Title 41-4-58, Code of Alabama 1975, as amended. Fraudulently obtaining a duplicate warrant is unlawful under Title 13 A-9-3, Code of Alabama 1975, as amended.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Payee’s Signature

**FOR OT WARRANTS ONLY:**

We, the AGENCY, certify that all of the above information has been verified and reflects how the Original OT warrant was issued.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency Representative’s Name (PRINTED) Agency Representative’s Signature