

LONG BEACH UNIFIED SCHOOL DISTRICT

Payroll Branch

Affidavit and Request for Replacement Warrant

Description of Warrant

NAME OF PAYEE ON WAR	RRANT				EMPLOYEE ID
CURRENT ADDRESS					
WARRANT NO	ISSUE DATE	AMOUNT	PAY PERIOD		TELEPHONE NUMBER
Certification	Certification To be completed by person requesting replacement warrant				
As payee or legal custodian, if a replacement warrant is issued, a stop payment will be placed on the original warrant, and I am responsible for any fees if I attempt to cash the original warrant. Write, in cursive, the circumstances which caused the loss, mutilation, destruction, etc. Do not print or type.					
The warrant	was not endorse	d was end	orsed	was endorsed "Fo	or deposit only"
locate the origina	al warrant, I am l	that the above information obligated to retu		trict office.	
SIGNATURE OF PERSON	CERTIFYING			DATE SIG	NED
PRINT NAME OF PERSON				TELEPHO	NE NUMBER
TITLE OF PERSON (COM	PLETE IF PERSON SIGNIN	G CERTIFICATION IS NOT THE EN	PLOYEE)		

For LBUSD Payroll Office Use

Stop Payment				
DATE	TIME	REQUESTOR	APPROVED BY	ACCEPTED DATE

Warrant Detail

Stop Doumont

GROSS AMT	DEDUCTIONS AMT	NET AMOUNT			
FEDERAL TAX	STATE TAX	OASDHI	MEDICARE TAX	RETIREMENT	
SALARY ADVANCE	OTHER DEDUCTION	OTHER DEDUCTION	OTHER DEDUCTION	OTHER DEDUCTION	

Reissued Warrant

DATE	WARRANT NUMBER	CONTROL NUMBER	APPROVED BY