

STATE CONTROLLER'S OFFICE
1525 SHERMAN STREET SUITE 250
DENVER CO 80203
ATTN: Katrina Baker 303-866-2126

DATE: _____

PAYROLL WARRANT REISSUE REQUEST FORM

In order to process a Payroll Warrant Cancellation/Reissue, agencies must submit a completed Request Form, a signed and notarized Affidavit, and a screen print of COFRS WREH.

PLEASE CANCEL & REISSUE THE FOLLOWING WARRANT:

Warrant # _____ Date of Issue _____

Amount \$ _____ Agency Code _____

AgencyName _____

Payee (AS APPEARS ON WARRANT) _____

Payee's Address (IF REISSUED WARRANT
IS BEING SENT TO THE PAYEE) _____

REASON FOR REISSUE:

_____ Lost in mail _____ Other (EXPLAIN) _____

AGENCY CONTACT: Name _____

Phone _____

Address _____

REISSUED WARRANT should be sent to _____ Agency _____ Payee