

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

DATE: _____

WARRANT REISSUE REQUEST FORM

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

PLEASE CANCEL & REISSUE THE FOLLOWING WARRANT:

Warrant # _____ Date of Issue _____

Amount \$ _____ Vendor Code _____

Agency Code _____

Agency Name _____

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

07/16/03