COLORADO
Office of the State Controller
Department of Personnel & Administration

AFFIDAVIT OF LOST WARRANT

Return Form to: _____

Warrant Number: _____

Warrant Amount: _____

Warrant Date: _____

Warrant Payee: _____

----------The Above Portion to be completed by the Issuing Department----------

The Affiant: _____
Legal name of the responsible party signing as the affiant

Who is the: _____ **of:** _____
Title of Affiant for business entities — Warrant Payee-company name

Located/Residing at: _____
Address

Deposes and says:

The payee on the above referenced warrant ☐ **has received, or** ☐ **has not received the referenced warrant, and that the referenced warrant was:**

☐ **Lost** ☐ **Destroyed or** ☐ **Stolen, on or about the date of** _____

1. **The affiant is the proper owner, payee, or legal representative of such owner or Payee of the referenced warrant**
2. **The affiant has reported the loss, destruction, theft or lack of receipt to payor agency named above.**
3. **That pursuant to § 24-30-202(8), CRS, the affiant requests that the State Controller issue a replacement warrant in lieu of the above referenced warrant and that a cancellation order be issued on referenced warrant.**
4. **That neither the affiant nor any person acting under orders, authority, or control of the affiant of referenced warrant has attempted or will attempt to negotiate referenced warrant.**
5. **That if referenced warrant is negotiated, the affiant agrees to complete and sign an Affidavit of Forgery for referenced warrant.**

Affiant signature _____ **Date** _____