

WARRANT REISSUE REQUEST FORM

All required documentation and form must be submitted electronically to

state_centralpayroll@state.co.us



COLORADO
Office of the State Controller
Department of Personnel
& Administration

Date of Request: _____

Required Documentation:

1. Completed Warrant Reissue Request Form
2. Signed Affidavit of Lost Warrant-OR Copy of Voided Warrant (**scan then shred original warrant**)
3. Current Screen Print of CHREC Table showing **warranted status** including AD Doc ID #

PLEASE CANCEL & REISSUE THE FOLLOWING WARRANT:

Warrant #: _____ Date of Issue: _____

Amount: _____ Vendor Code: _____

Department Code: _____

Department Name: _____

PAYEE NAME: (AS APPEARS ON WARRANT) _____

PAYEE'S ADDRESS: _____

****This will NOT serve as an address change request
Please see footnote below.**

Reason for Reissue:

____ Lost in Mail ____ Other (EXPLAIN) _____

____ Damaged ____ Received, Then Lost by Payee

____ Stale Dated, Not Yet Expired

Department Contact: Name: _____

Phone: _____

Email: _____

****Reissued warrant will be distributed in the same manner as original warrant.
If new warrant needs change of address, handling code or account coding, complete
a cancel only request and reissue using a new payment document.**