

## Office of Administrative Services Duplicate Warrant Request

ASB/Co-Curricular/Revolving Checks

A duplicate warrant (check) may only be issued after a stop payment has been placed on the original warrant and the payee has signed this affidavit stating that the warrant was lost or not received. In addition, section 29853 of the Government Code stipulates that there be a waiting period (from the date the original warrant was mailed) before the check may be replaced. After this waiting period, the duplicate warrant will be prepared and mailed to the Claimant.

to locate it, contact the Office of Administrative Services. If a duplicate check is to be issued, complete Section 1 of this form. The payee's name listed on this form must match the name shown on the original check Instruct the payee to complete Section 2 of this form and return it to you. Forward the completed form to the Office of Administrative Services at Ipc-businessoffice@laspositascollege.edu.    Check Information										
to locate it, contact the Office of Administrative Services. If a duplicate check is to be issued, complete Sectior 1 of this form. The payee's name listed on this form must match the name shown on the original check Instruct the payee to complete Section 2 of this form and return it to you. Forward the completed form to the Office of Administrative Services at  pc-businessoffice@laspositascollege.edu.    Check Information	SECTION 1: INSTRUCTIONS TO DEPARTMENT									
1 of this form. The payee's name listed on this form must match the name shown on the original check Instruct the payee to complete Section 2 of this form and return it to you. Forward the completed form to the Office of Administrative Services at Ipc-businessoffice@laspositascollege.edu.    Check Information	If a payee has not received a check and an appropriate investigation has been made by the department/payee									
Instruct the payee to complete Section 2 of this form and return it to you. Forward the completed form to the Office of Administrative Services at Ipc-businessoffice@laspositascollege.edu.    Check Information	to locate it, contact the Office of Administrative Services. If a duplicate check is to be issued, complete Section									
Office of Administrative Services at  pc-businessoffice@laspositascollege.edu.  Check Information  Check Number:   Payable To:   Check Date:   Purpose:   Check Amount:   Fund Type:   ASB   Co-Curricular   Revolving  Print Name   Date  SECTION 2: INSTRUCTIONS TO CLAIMANT/PAYEE  Please complete this section if you have lost or not received the check described herein. If you receive the original check, immediately notify the Las Positas College Administrative Services Office at 925-424-1634 and ask for further guidance. It is imperative that you DO NOT attempt to cash the original check.  If the original check is cashed:  You may incur a bank charge from your bank, which Las Positas College cannot reimburse; and You will need to reimburse Las Positas College for the \$30 stop payment fee; and You will need to reimburse the full amount paid by the replacement check.  I hereby certify that I have   lost   not received the check described above and that said check   has   has not been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.  Print Name of Payee/Authorized Agent   Signature of Payee/Authorized Agent   Date    Company Name, if applicable   Email   Phone #	1 of this form. The payee's name listed on this form must match the name shown on the original check.									
Check Number: Payable To: Check Date: Purpose: Check Amount: Print Name  Phone #  Phone #	Instruct the pay	ee to complete Section 2 of this form a	nd return it to	you. Forward the com	pleted form to the					
Check Date:  Check Date:  Check Amount:  Print Name  Print Name of Payee/Authorized Agent  Phone #  Phone #  Payable To:  Purpose:  Purpose:  Payable To:  ASB   Co-Curricular   Revolving  Date  Payable To:  ASB   Co-Curricular   Revolving  Payable Co-Curricular   Revo	Office of Administrative Services at <a href="mailto:lpc-businessoffice@laspositascollege.edu">lpc-businessoffice@laspositascollege.edu</a> .									
Check Date:  Check Amount:  Print Name  SECTION 2: INSTRUCTIONS TO CLAIMANT/PAYEE  Please complete this section if you have lost or not received the check described herein. If you receive the original check, immediately notify the Las Positas College Administrative Services Office at 925-424-1634 and ask for further guidance. It is imperative that you DO NOT attempt to cash the original check.  If the original check is cashed:  You may incur a bank charge from your bank, which Las Positas College cannot reimburse; and  You will need to reimburse Las Positas College for the \$30 stop payment fee; and  You will need to reimburse the full amount paid by the replacement check.  I hereby certify that I have   lost     not received the check described above and that said check   has     has not been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.  Print Name of Payee/Authorized Agent   Date    Company Name, if applicable   Email   Phone #		Check In	formation							
Check Amount:    Fund Type:	Check Number:		Payable To:							
Print Name  SECTION 2: INSTRUCTIONS TO CLAIMANT/PAYEE  Please complete this section if you have lost or not received the check described herein. If you receive the original check, immediately notify the Las Positas College Administrative Services Office at 925-424-1634 and ask for further guidance. It is imperative that you DO NOT attempt to cash the original check.  If the original check is cashed:  • You may incur a bank charge from your bank, which Las Positas College cannot reimburse; and  • You will need to reimburse Las Positas College for the \$30 stop payment fee; and  • You will need to reimburse the full amount paid by the replacement check.  I hereby certify that I have   lost     not received the check described above and that said check   has     has not been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.  Print Name of Payee/Authorized Agent   Signature of Payee/Authorized Agent   Date    Company Name, if applicable   Email   Phone #	Check Date:		Purpose:							
Please complete this section if you have lost or not received the check described herein. If you receive the original check, immediately notify the Las Positas College Administrative Services Office at 925-424-1634 and ask for further guidance. It is imperative that you DO NOT attempt to cash the original check.  If the original check is cashed:  • You may incur a bank charge from your bank, which Las Positas College cannot reimburse; and  • You will need to reimburse Las Positas College for the \$30 stop payment fee; and  • You will need to reimburse the full amount paid by the replacement check.  I hereby certify that I have   lost     not received the check described above and that said check   has     has not been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.  Print Name of Payee/Authorized Agent   Signature of Payee/Authorized Agent   Date    Company Name, if applicable   Email   Phone #	Check Amount:		Fund Type:	□ ASB   □ Co-Curric	ular   □ Revolving					
Please complete this section if you have lost or not received the check described herein. If you receive the original check, immediately notify the Las Positas College Administrative Services Office at 925-424-1634 and ask for further guidance. It is imperative that you DO NOT attempt to cash the original check.  If the original check is cashed:  • You may incur a bank charge from your bank, which Las Positas College cannot reimburse; and  • You will need to reimburse Las Positas College for the \$30 stop payment fee; and  • You will need to reimburse the full amount paid by the replacement check.  I hereby certify that I have   lost     not received the check described above and that said check   has     has not been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.  Print Name of Payee/Authorized Agent   Signature of Payee/Authorized Agent   Date    Company Name, if applicable   Email   Phone #										
Please complete this section if you have lost or not received the check described herein. If you receive the original check, immediately notify the Las Positas College Administrative Services Office at 925-424-1634 and ask for further guidance. It is imperative that you DO NOT attempt to cash the original check.  If the original check is cashed:  • You may incur a bank charge from your bank, which Las Positas College cannot reimburse; and  • You will need to reimburse Las Positas College for the \$30 stop payment fee; and  • You will need to reimburse the full amount paid by the replacement check.  I hereby certify that I have   lost     not received the check described above and that said check   has     has not been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.    Print Name of Payee/Authorized Agent   Signature of Payee/Authorized Agent   Date		Print Name	Date							
original check, immediately notify the Las Positas College Administrative Services Office at 925-424-1634 and ask for further guidance. It is imperative that you DO NOT attempt to cash the original check.  If the original check is cashed:  • You may incur a bank charge from your bank, which Las Positas College cannot reimburse; and  • You will need to reimburse Las Positas College for the \$30 stop payment fee; and  • You will need to reimburse the full amount paid by the replacement check.  I hereby certify that I have □ lost   □ not received the check described above and that said check □ has   □ has not been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.  Print Name of Payee/Authorized Agent Signature of Payee/Authorized Agent Date  Company Name, if applicable Email Phone #	SECTION 2: INSTRUCTIONS TO CLAIMANT/PAYEE									
ask for further guidance. It is imperative that you DO NOT attempt to cash the original check.  If the original check is cashed:  You may incur a bank charge from your bank, which Las Positas College cannot reimburse; and You will need to reimburse Las Positas College for the \$30 stop payment fee; and You will need to reimburse the full amount paid by the replacement check.  I hereby certify that I have I lost   not received the check described above and that said check has   has not been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.  Print Name of Payee/Authorized Agent Signature of Payee/Authorized Agent Date  Company Name, if applicable Email Phone #	Please complete this section if you have lost or not received the check described herein. If you receive the									
If the original check is cashed:  • You may incur a bank charge from your bank, which Las Positas College cannot reimburse; and  • You will need to reimburse Las Positas College for the \$30 stop payment fee; and  • You will need to reimburse the full amount paid by the replacement check.  I hereby certify that I have □ lost / □ not received the check described above and that said check □ has / □ has not been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.  Print Name of Payee/Authorized Agent Signature of Payee/Authorized Agent Date  Company Name, if applicable Email Phone #	original check, i	mmediately notify the Las Positas Colle	ege Administrat	tive Services Office at	<b>925-424-1634</b> and					
<ul> <li>You may incur a bank charge from your bank, which Las Positas College cannot reimburse; and</li> <li>You will need to reimburse Las Positas College for the \$30 stop payment fee; and</li> <li>You will need to reimburse the full amount paid by the replacement check.</li> </ul> I hereby certify that I have □ lost   □ not received the check described above and that said check □ has   □ has not been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/founds. Print Name of Payee/Authorized Agent Signature of Payee/Authorized Agent Company Name, if applicable Email Phone #	ask for further guidance. It is imperative that you <b>DO NOT</b> attempt to cash the original check.									
<ul> <li>You may incur a bank charge from your bank, which Las Positas College cannot reimburse; and</li> <li>You will need to reimburse Las Positas College for the \$30 stop payment fee; and</li> <li>You will need to reimburse the full amount paid by the replacement check.</li> </ul> I hereby certify that I have □ lost   □ not received the check described above and that said check □ has   □ has not been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/founds. Print Name of Payee/Authorized Agent Signature of Payee/Authorized Agent Company Name, if applicable Email Phone #										
<ul> <li>You will need to reimburse Las Positas College for the \$30 stop payment fee; and</li> <li>You will need to reimburse the full amount paid by the replacement check.</li> </ul> I hereby certify that I have □ lost   □ not received the check described above and that said check □ has   □ has not been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found. Print Name of Payee/Authorized Agent Signature of Payee/Authorized Agent Company Name, if applicable Email Phone #	If the original check is cashed:									
You will need to reimburse the full amount paid by the replacement check.  I hereby certify that I have □ lost   □ not received the check described above and that said check □ has   □ has not been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.    Print Name of Payee/Authorized Agent   Date	<ul> <li>You may incur a bank charge from your bank, which Las Positas College cannot reimburse; and</li> </ul>									
I hereby certify that I have $\square$ <b>lost</b>   $\square$ <b>not received</b> the check described above and that said check $\square$ <b>has</b>   $\square$ <b>has not</b> been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.    Print Name of Payee/Authorized Agent   Signature of Payee/Authorized Agent   Date	<ul> <li>You will need to reimburse Las Positas College for the \$30 stop payment fee; and</li> </ul>									
been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.    Print Name of Payee/Authorized Agent   Signature of Payee/Authorized Agent   Date	<ul> <li>You will need to reimburse the full amount paid by the replacement check.</li> </ul>									
been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.    Print Name of Payee/Authorized Agent   Signature of Payee/Authorized Agent   Date										
Print Name of Payee/Authorized Agent Signature of Payee/Authorized Agent Date  Company Name, if applicable Email Phone #	I hereby certify that I have $\square$ <b>lost</b>   $\square$ <b>not received</b> the check described above and that said check $\square$ <b>has</b>   $\square$ <b>has not</b>									
Company Name, if applicable Email Phone #	been endorsed by me; I request that a duplicate check be issued and agree to return the original check if received/found.									
Company Name, if applicable Email Phone #										
	Print Name	e of Payee/Authorized Agent Sig	gnature of Payee/Au	thorized Agent	Date					
Street Address City State Zip Code	Comp	any Name, if applicable	Email		Phone #					
Street Address City State Zip Code		Chroat Address	Cir	Chita	7in Carl-					
		Street Address	City	State	гір Соае					

OFFICE OF ADMINISTRATIVE SERVICES USE ONLY										
Reviewed:		Verified:		Approved:						
_	Administrative Services	·	Administrative Services Officer	<del>-</del>	VP, Administro	ative Services				
Received:	Form Ref #:		Doc #: R		Reissue Date:					
						TR 12.9.25				