



THIS FORM REMAINS
IN STATE FINANCE

Control Number

Request for Warrant To Replace Payroll Direct Deposit & Payroll Transactions

Name _____ Employee Number _____
Address _____ / /
Home Dept. / Unit / Dist. No.
City _____ State _____ Zip Code _____

PLEASE INDICATE HOW THE CHECK WILL BE DELIVERED (MARK ONE)

Picked Up Mailed Mail in Attached Envelope Put Check with Payroll

Warrant Number _____
(To be assigned by Accounting Operations)

Amount _____

Today's Date _____
MM/DD/YYYY

Payroll Date _____
MM/DD/YYYY

Reason for Warrant:

Direct Deposit _____ Payroll Transaction _____

Explanation _____ Explanation _____

Transaction verified by _____

Today's Date _____
MM/DD/YYYY

State Accountant or Authorized Agent

State Payroll Coordinator

Picked Up Mailed

By _____ Date _____